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PROCEEDINGS OF THE  
FIFTEENTH ANNUAL CONVENTION  
OF THE  
American Nurses' Association

HELD AT  
ORCHESTRA HALL  
CHICAGO, ILL.

June 5-7, 1912

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### MEMBERSHIP OF THE AMERICAN NURSES' ASSOCIATION

Alumnæ Associations .....	156
State Associations .....	35
County and City Associations .....	31
National Associations .....	2
Total .....	<hr/> 224
Number of delegates in attendance at annual meeting, 1912 .....	289
Number of visitors registered .....	559
Number of permanent members registered .....	51
Total .....	<hr/> 899

NOTE—A classified register was kept including all in attendance at meetings of the National League of Nursing Education, the American Nurses' Association, and representatives from visiting nurse associations, the total of which was 1100.

# THE PROCEEDINGS OF THE FIFTEENTH ANNUAL CONVENTION OF THE AMERICAN NURSES' ASSOCIATION

CHICAGO, ILL., JUNE 5-7, 1912

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## WEDNESDAY AFTERNOON SESSION

THE fifteenth annual convention of the American Nurses' Association was opened on Wednesday, June 5, 1912, at Orchestra Hall, Chicago, Ill. On account of serious illness, the president of the association, Sarah E. Sly, was unable to be present, and the meetings were presided over by the vice-presidents, Mrs. A. R. Colvin, of St. Paul, and Emma E. Nichols, of Boston.

Mrs. Colvin called the meeting to order at 2.30 P.M. and introduced Professor Charles Henderson of the University of Chicago, who gave the invocation.

The address of welcome was given by Mrs. Catherine Waugh McCullough, of Chicago.

MRS. MCCULLOUGH.—*Madam President, ladies of the convention:* It is a great honor to be asked to address this body of professional women and welcome you to our Windy City. Those of you who have not been acquainted with our city, who may have come here for a change of climate, I am sure have not been disappointed, for you have had several changes during the past twenty-four hours, and if you stay two or three days longer you will have all the varieties of climate that any of you ever experienced. In May and June, in Chicago, you may be experiencing frost in the morning or you may have a rain-storm at nine o'clock or a blizzard by twelve, or, again, the disposition of the weather may change and you may have a hot sun pouring down upon you in the middle of the afternoon. So if you come for a change of climate and weather you are welcome.

You probably have heard of some of our women in Chicago. You may have heard of Jane Addams. It is an honor to welcome you to her city this afternoon. You may have heard of Ella Flagg Young, the head of the school system of Chicago. You may have heard of Julia Lathrop, whom President Taft heard of, and whom he appointed to look

after the children. We have writers and poets and artists and musicians—every sort of professional woman in this city. I assure you that no group of women could ever gather together with less newspaper criticism than the Nurses' Association will meet. I cannot believe that any newspaper in Chicago, while you are meeting, will say that these women are invading man's sphere. You are not accused of taking bread out of men's mouths and spending it on your own fancy clothes. You are not to be accused of keeping men from marrying because you are taking their wages so that they cannot marry and support a wife and family. That might be said, and it has been said, against women lawyers and against women book-keepers and women stenographers, and if they were holding a convention here we would have to be answering these criticisms. There are plenty of women in the homes to-day just sitting there patiently and waiting because they have been told that if they did not rush into the professions some man would come to marry them and support them in idleness the rest of their days. To some of us who are married and have a home and have to be the cook and bottle-washer and housekeeper and seamstress for a family of eight or ten it is not perfect idleness.

It is so wonderful to go away back in the year one to the women who were doing the nursing for the world. It is very different in this day, however, for women who are nursing are doing it so much better than they ever did it before. If you go back hundreds and thousands of years, the good women had tender hearts then. They wanted to heal the sick. They did the best they could. Generally, however, they could only spare for the nursing occupation those who were too old or too feeble to do anything else. The woman who was not strong enough to go out and plow or weave and spin would go and sit with the sick and wait upon them. But you women now have elevated that old sort of work. You must have an education before you begin to take your nurse's training and then have two or three years of hospital training. Nursing is now a profession. You nurses are looked up to and you take our choicest and our best women. No women who are worn out doing everything else or anything else are accepted for nurses. We must have the best knowledge back of the women before they can enter the hospitals, and then you see such women as you have here to-day. So I congratulate you that you have, in one generation almost, accomplished this one part of what was once the household drudge's work, and elevated it so that it is one of the most respected callings we have.

Now one other thing. You know the poor old drudge who did this work a hundred or a thousand years ago did not receive any pay. Now

you are recognized by the pay you receive. I do not say you receive all you deserve. Perhaps many in the legal and medical professions receive more than you. But for all that you are paid so much more than the people a hundred years ago were paid that you have helped all women, in that when you have elevated one part of woman's work in the way that you have done, you have conferred a benefit upon all women. Some people believe if you take all the household arts and specialize them—have one woman do all the cooking, have another do all the sweeping, another do all the washing, another do all the sewing, have one come in and wash our windows, and so on, having everything specialized—that then we will begin to have the household arts put on a higher plane than they are at present. I do not know how it would be for some one of our household helpers to say she could only wash forks and another must wash the knives; that might specialize too far. But at any rate you have specialized one phase of household work with such credit that it will encourage another woman who feels called upon to do another phase of work to do her work well; and perhaps some day she and her sisters in their business will be as highly respected as are the nurses to-day.

I thought back, too, about the nurses that I have known in my own day. When I say it is only a generation, I am positive that never in my grandfather's day did they know anything about trained nurses; and in my mother's family I am sure they did not until along in the last fifteen or twenty or thirty years.

How the nurses have endeared themselves to the people in the homes where they have gone! I think back to the women who were with me when my four children were born. Then I think, too, of the woman who was with me in the terrible time I had in the hospital—and she gave me the flowers that I wear. When she asked me to speak to-day I turned to my husband, who is so afraid I may have too much to do and is always trying to save my strength, and I said, "I don't know. Can I go?" He said, "We cannot refuse Miss Walsh anything. I feel as though you owe your life to her." There are many nurses toward whom we feel that way; we owe our lives to them. Some brilliant doctor has perhaps performed a brilliant operation; the thing is over; unless that nurse day and night, hour after hour, ceaselessly and patiently, even when we are worried and irritable, does her work in the most painstaking fashion, we are gone, in spite of the brilliant operation. We also owe our children's lives to you; for if you are not able to be with us those first precious few days, the children are gone.

So we come to you with gratitude. We not only welcome you as

we would any body of brilliant and faithful women, but we welcome you with the tenderness which we owe to those who have given us the most precious things in the world. You feel the need of associating in this organization work every woman in your line of work. You want to feel that you are one in sympathy with the other sisters of your sex who are at work or meet you in the field; that you are sisters also of all those who are out at work in whatever kind of profession, whether it be in the profession of household arts, as a mother in the household, or whether it be in law or medicine. We are all one together.

I spoke a few minutes ago about your raising the profession by getting good pay. You know most women still are underpaid. In almost every kind of employment women are paid less for the same sort of work than men. In an investigation that our national government made, in 782 different instances, of clerks in shops and factories and stores, and the answers came from the employers, we found that in three-fourths of the cases the women only receive about 75 per cent. of the wages, or less, than the men would receive for the same work, done with the same degree of efficiency. Now I know some of you intimate—I have had it said to me—that there are nurses among women that are not paid as much as is given to men nurses for the same work. I am sorry. I never had to have a man nurse in my household and I do not know. I thought they were paid the same. But if that is so, you find you stand with the rest of the world, and that no matter how ably you do the work, you are counted in with the rest of us.

One reason why women have been discriminated against in the past and one reason you are rising up is probably this. The government has set its stamp of disapproval on women. Women are considered inferior by government to men. Men can praise us and write poems to our eyelids, but as long as they keep the ballot away from us we are counted inferior. When women have the ballot in their hands, then women will be counted on an equality with men politically, then women will have a chance in other professions, other trades, in all men's employments, at a fair wage for their work. You and I, in professions where we are getting fair pay now, are helping whole groups of women. That ought to be one thought always with us. Of course you have your thoughts much concentrated on this one patient, this sick man, woman, or child who is depending on you for his life. You have to concentrate a good deal of thought on the individual. But in the meantime you must have fresh impetus from the outside; you must feel that you are a part of the womanhood of this whole country, and that you owe a duty not only to this individual profession but to all women.

We are all sisters working together, each in her own place, to do our own duty to each other in the world, to help make each other's duty as easy as possible. Now you, by reason of your superior education, superior health (for you must be strong and well), your social standing (for the nurse is as good as anybody in the community)—you, by reason of all these superior qualifications, have been given much, either by nature or by parents, or from training schools or your friends, or by natural equipment—God or those friends have done much for you. Of her to whom much has been given much must be required. We cannot expect as little of you as we would expect of clerks in stores, of factory girls overworked and underpaid, of sweat-shop workers. We are sisters, all of us, but we cannot expect as much of them as we do of you. We expect from the nurses of the country much more than from any other group of organized women, unless it might be the women teachers. We have not as many women doctors, we have not as many women lawyers. The book-keepers and stenographers are also fairly well educated, but they do not all have the opportunities that you have all enjoyed.

If you feel that you belong to the whole sisterhood of women all over the country I hope you will always stand for the equality of women. Do not let them browbeat you because you are a woman. Do not admit you are sorry you were born a woman and wish you were a man. Make conditions such that it will be fine to be born a girl, so that in the future every woman will be proud she was born a girl, and not regret her sex. There is not a boy that is ever sorry he was born a boy, or wishes he had been born a girl, because the doors of the whole world are open to him.

Now if you and I, from our vantage point of experience and unusual opportunities, can open some of the doors to girls, the time is coming when we shall congratulate every mother and father of a daughter just as heartily as we do the mother and father of a boy.

They told me the other day when we were getting ready for the suffrage parade in Chicago that the nurses of Chicago were not well organized and they did not know just how to get hold of them. I asked Miss Margaret Dobine to be here this afternoon; she has a little card here which says, "I would like to join the Cook County Suffrage Alliance. No dues." You could distribute literature or do some district work or help a parade of women. If there are any Illinois women in the audience, I hope they will sign their names to this paper and tell which one of those several things they would do for woman suffrage.

May I remind you of a little story you once read in Spenser's *Faerie*

*Queen* of a knight named Britomart? This was a famous and able knight in those days, when people went out with all their panoply of war. They had all sorts of fixings to keep off the blows of the enemy. There was one peculiar thing about Britomart; this knight always defended women. Any woman who was in distress could go to Britomart and the knight would rescue that poor maid. The story tells about the renown of Britomart all over the world. Once when fair Amorette, a beautiful maid, was going to be taken away, Britomart rescued her and was carrying her back to her friends, to a place of safety. Then two very bad knights came after the two, Britomart and the helpless woman, and attacked Britomart. Britomart fought against these two knights and they both attacked with vigor; and in the midst of the conflict, after the fight had waged a long while, one of the knights, with a terrific blow of his battle-ax, struck upon the helmet of Britomart and his helmet broke and fell off on the ground. Then down on the shoulders of this renowned knight fell the long hair of a woman, out through the hair looked the pale, fair face of a woman; and they discovered that this knight, Britomart, who had been so renowned for defending women, was herself a strong, able woman.

Isn't that the sort of type that we should all take for our twentieth-century woman, we who are strong helping those who are weak? There are evils to-day from which we can defend our sisters who are helpless and who need us so much. If we take that lesson to our hearts and feel that the strength that is given to us is not to protect ourselves alone, but every woman of our land who needs us, then we shall be living up to the poet's idea of the strong, able knight Britomart, and we shall be like her.

I hope you will find at the close of the convention that you will join us and many other professions in making this united demand for the ballot, that the women of our country to-day may be free and equal in the eye of the law, so that we may be able to do our work without undue restriction, so that we may be able to protect the helpless and the weak.

MRS. COLVIN.—I do not believe Mrs. McCullough quite realizes what an inspiration it is to nurses to come together once a year, and find that they are appreciated, and to receive these tributes of thanks; we do not get them all the time, and this sort of welcome has to last a good many of us a long while.

The first response to this address of welcome is to be made by one whom I would not presume to introduce to you, whom you have known for a long time—Miss Damer, who was for so long our president.

MISS DAMER.—Standing here, as I do, as a representative and spokesman of the nurses of the east, it is with extreme pleasure and appreciation that I respond to this most cordial welcome that has been extended to us in behalf of Chicago by Mrs. McCullough. We are glad to be here, we are glad to meet all the old friends and to welcome the new members and friends who are with us for the first time. We are glad to hear of all that has been done in Chicago for the welfare and the benefit of its citizens. Our first great national gathering of nurses in America was held in Chicago, and at that time a Chicago superintendent presented a paper on the necessity of an American nurses' association. We have demonstrated that necessity, we have demonstrated to ourselves by this great gathering here the advantages of such an association to us. In the early days of our organization, our work was devoted to our own society, in upbuilding it and in strengthening it; our first public effort was the offer of our services to the army during the Spanish-American War. We met with no response at that time, but now, some years later, we have our representatives, who are here with us to-day, who are at the head of the army nursing service and also the head of the Red Cross nursing service, which at that time developed some opposition to our efforts.

Ten years ago we met again in Chicago. I had the pleasure at that time, as president of the association, of responding to the address of welcome from one of the Chicago women to whom Mrs. McCullough has alluded to-day—Miss Lathrop—who has always been interested in our work and has endeavored to direct us along certain lines of nursing work; her suggestions have in many places been carried out.

Now again we come to Chicago, and what inspiration shall we receive here? This is not, as it was at that time, only a meeting of the eastern nurses held in Chicago,—Chicago being the western boundary of our constituency the last time that we met here,—but now we stretch from ocean to ocean, from north to south; and we have an inspiration now to go out beyond our own organization, our own special work, and to get into the work so much of which has been done here in Chicago, the public health work, which has been so broadly discussed at our visiting nurse meeting this morning. May our work go on, not only in our efforts to further the efficient care of the sick, but to enter into all that is done for the health and welfare of our communities all over our country.

MRS. COLVIN.—Having listened to Miss Damer, who speaks for the eastern friends, I am now going to introduce to you Mrs. Scroggs, who was in Chicago for years, and who has come from Oklahoma now to speak to us.



MRS. SCROGGS.—It is with feelings peculiarly pleasant that I meet my obligation to the committee, which honored me with the privilege of responding to the cordial address of welcome just given. After so many strenuous years spent in the nursing profession, to come back and find myself in the midst of these activities again is a real joy; and after some fifteen years spent in Chicago, in connection with the work, to meet you in my old home city is an additional joy.

Scarcely a decade ago the Chicago training schools represented the western boundary of this great constituency; but like the oncoming tide that sweeps everything before it, so this movement has pushed the boundary further and further westward until now we stand on middle ground and clasp the hands of our sisters of the east with one hand and those of the west with the other, united in one great national body. The east mingles its tradition and history with the enthusiasm and buoyancy of the west, resulting in united efforts to elevate our standards and increase our usefulness in the world.

As I look over this concourse to-day my mind goes back to the first annual convention in New York City, when I represented the first alumnae association formed in Chicago; and at this fifteenth annual convention one is impelled to recount the struggles passed through, the disappointments met, the hopes realized, the dream come true. Workers have grown gray in the service; some few have laid down the burdens of life, but from beyond the veil we catch their inspiration, imbuing us with firmer resolution to carry to completion their unfinished labor.

On an occasion like this I am reminded that woman has always been the nurse of humanity. In the nursing profession she is specializing in her specialty, in response to the ever-increasing demands. Medical science and surgery have done much to diminish human suffering, but their ministration requires the woman's touch. New remedies appear in bewildering abundance, but their efficacy depends very largely upon the intelligence and faithfulness of the nurse. Need I say, then, that ours is a great ministry? We gather here to perfect it, to get new inspiration, to protect one another only that we may be more efficient; to get new knowledge that we may better minister to the world's suffering. May this meeting bring us more zeal and enthusiasm for the duties that await us.

MRS. COLVIN.—To complete the circle of the responses, I am going to ask Miss Margaret McKinley of St. Louis, Missouri, to speak for the nurses of her section.

MISS MCKINLEY.—In response to the good suffragist speech of Mrs. McCullough, I can truly say that I am glad of the opportunity

to speak for the western nurse who has been, in the past, too modest to speak adequately for herself.

As some of you know, I am myself a westerner only by adoption. I was born and reared in the east. My training was obtained in an eastern hospital, and all my early professional work was done in eastern cities.

When I came west to take charge of a training school, I brought with me my full share of the easterner's sense of superiority and indulgent contempt for western ideals and attainments. As time went on, as I worked day by day with and for my pupil nurses, I found my early prejudice giving place to sentiments of affection, of respect, and of genuine appreciation.

Among the young women of that western training school were some of the brightest, the truest, and the most courageous nurses I have ever known. I may add that among western graduates, holding various positions, I find many whose place is in the foremost ranks of the profession.

To-day, after twelve years of work in the west, I can say without hesitation that I consider the western nurse as intelligent, as capable, and as thoroughly prepared as her sister of the east. Indeed, I believe her to be just as enthusiastic and warm-hearted and just as capable of self-sacrificing service as the average eastern nurse. The mercenary spirit, the tendency to consider the cash compensation as the one important feature of the work, is, I believe, not any more evident in the west than it is in the east.

In Missouri, the immediate field of my own work, the apparent indifference of the national organization to us and our efforts have been a damper to our enthusiasm, we grew timid and afraid to reveal our innate power. When Miss Palmer and Miss Delano came to us last fall, their surprise at our advancement and their helpful suggestions proved just the needed stimulus to give us confidence in ourselves and courage for higher endeavor.

The west is young, and perhaps it shows some of the crudity that is inseparable from youth; but it also has the vitality, the vigor, and the enthusiasm of youth. Once *shown the way* it has a tendency to take vigorous hold on things and make them "go." For example, was it not the nurses' association of a western state that was so beautifully written up in the *AMERICAN JOURNAL OF NURSING* two or three months ago, under the heading, "One Way of Attacking the Almshouse Problem"? I refer you to the February number.

That is a fair sample of the way we do things in the west, and in another decade it may be that the east will be looking to us, not only for recruits but for ideals, for methods, and for motive power.

We are here to-day strong in numbers, ready for anything that will promote the work in all its phases—command us, if you need us.

I wish I had the gift of eloquence that I might adequately express to you the appreciation and enthusiasm of the women of the west when Chicago was chosen as our meeting place for this year. We are here in large numbers, glad to be here, and ready to enter into every work and pleasure you have planned for us.

The roll was called by the secretary, Miss Deans.

MRS. COLVIN.—That is certainly an imposing roll and one that must make us feel rather breathless as we hear how the numbers are accumulating. I have not heard it read for three years, and I think in another three years we shall have to have a separate session for the delegates.

#### SECRETARY'S REPORT

Following the annual meeting held in Boston, a meeting of the Executive Board was held, when all standing committees were appointed, and Isabel McIsaac was appointed interstate secretary. A meeting of the Executive Committee was held in New York on January 19, 1912. A second meeting of the Executive Board was held on June 4, 1912, in Chicago.

Edna L. Foley was appointed to serve as delegate to the National Association for the Study and Prevention of Tuberculosis, which was held in Denver, June 20–21, 1911. Marie T. Phelan was delegated to represent the association at the Conference of the American Association for the Study and Prevention of Infant Mortality held in Chicago in 1911. A request was received from the *Cleveland Quarterly* to appoint a representative on the editorial staff of the *Quarterly*, and Ellen Kershaw was asked to serve in this capacity.

The Executive Committee represented the American Nurses' Association at the meeting of the stockholders of the AMERICAN JOURNAL OF NURSING held in New York in January, 1912.

Following the action of the association to amend the Articles of Incorporation and By-laws, it was necessary to secure legal advice, and a lawyer in New York State was engaged to present our cause at a meeting of the Supreme Court held in Albany. In November, 1911, permission was granted by the Court to change the name, and the Articles of Incorporation as amended were filed with the Secretary of the State.

Applications for membership received, 32. Accepted into membership: Worcester Memorial Hospital Alumnae Association; Registered Nurses' Association of Norfolk, Va.; Nebraska M. E. Hospital Alumnae, Omaha; Union Hospital Alumnae, Terre Haute, Ind.; Bishop Clarkson Memorial Hospital Alumnae, Omaha, Neb.; St. Mary's Hospital Alumnae, Milwaukee, Wis.; Rockford Hospital Alumnae, Rockford, Ill.; Hahneman Hospital Alumnae, Rochester, N. Y.; St. Luke's Hospital Alumnae, Denver, Colo.; Lutheran Hospital Alumnae, St. Louis, Mo.; Galesburg Hospital Alumnae, Galesburg, Ill.; St. Joseph's Hospital Alumnae, Kansas City, Mo.; St. Mark's Hospital Alumnae, Salt Lake City, Utah; Sherman Hospital Alumnae, Chicago, Ill.; Samaritan Hospital Alumnae,

Philadelphia, Pa.; Huron Road Hospital Alumnae, Cleveland, Ohio; Bethesda Hospital Alumnae, St. Louis, Mo.; Chicago Hospital Alumnae, Chicago, Ill.; Graduate Nurses' Association, St. Joseph, Mo.; Graduate Nurses' Association, Galesburg, Ill.; Graduate Nurses' Association, Toledo, Ohio; Graduate Nurses' Association, Birmingham, Ala.; King's County Nurses' Association, Brooklyn, N. Y.; Graduate Nurses' Association, Middle Tennessee; Graduate Nurses' Association, Salt Lake City, Utah; Registered Nurses' Association, Charlottesville, Va.; South Carolina State Nurses' Associations; Idaho State Nurses' Association; North Dakota State Nurses' Association; Kansas State Nurses' Association. Total association membership, 224.

Upon request from a number of nurses in charge of visiting nurses, a committee of three was appointed to serve with a similar number from the Society of Superintendents of Training Schools, to consider the question of standards for visiting nurses and report at this meeting.

As authorized by the association, reprints of Dr. C. E. A. Winslow's paper, "The Role of the Visiting Nurse in the Campaign for Public Health" were printed and distributed as follows: Indiana State Nurses' Association, 500; Dr. Billings of New York, 500; Superintendents of training schools in New York State, 82; California State, 25; Illinois, 25; Health Department of New York (by request), 160; 12 different cities and towns in New Jersey, 104, upon request of Frances Dennis, president New Jersey State Nurses' Association. 368 copies were sent to individuals throughout the States, including Washington, Ohio, Maryland, Wisconsin, Michigan, Missouri, New York, Rhode Island, Massachusetts, Texas, Connecticut, Colorado, and several requests from nurses residing in Winnipeg, Canada, Fort William, Canada, and Quebec.

Number of letters written during the year, 610.

The Executive Board respectfully recommends the following:

1. That the corporate seal for this association take the form of the figure of Florence Nightingale with the name and date of incorporation, the details to be presented to the association by a committee at this meeting.

2. That the By-laws be amended by striking out Section 8, Article I, which reads: "Any permanent or charter member who has arrived at the age of sixty-two years, may upon application to the Executive Committee be excused from further payment of dues while reserving all the rights and privileges of membership."

3. That the annual meeting of this association be held in San Francisco in 1915.

AGNES G. DEANS, R.N., Secretary.

The secretary's report was accepted as read.

# TREASURER'S REPORT

## GENERAL FUND

Balance, April 30, 1911 .....	\$433.76
Dues, alumnae associations .....	2167.95
Dues, state associations .....	300.30
Dues, city and county associations .....	235.30
Dues, permanent members .....	134.60
Interest on bank balance .....	8.05
	<hr/>
	\$3279.96

*Disbursements*

Officers' expenses .....	\$278.35	
Printing and stationery .....	226.59	
Postage .....	78.17	
Parliamentarian .....	50.00	
Stenographer (annual meeting) .....	220.50	
Badges .....	24.90	
Arrangement Committee (rent—place of meeting) .....	170.17	
Programme Committee .....	27.00	
Almshouse Committee .....	4.50	
Nominating Committee .....	5.00	
Public Health Committee .....	8.50	
Executive Committee .....	112.47	
Rent of safe deposit box .....	5.00	
General secretary, salary .....	350.00	
Treasurer, salary .....	100.00	
Interstate secretary, salary .....	300.00	
Auditor .....	10.00	
Lawyer's fee, changing name of association .....	125.33	
Dues to associations .....	15.00	
Exchange on checks .....	6.71	
	<hr/>	\$2118.19
Balance, April 30, 1912 .....		\$1161.77

*Assets*

Cash on deposit, general fund .....	\$1161.77	
Cash on deposit, Nurses' Relief Fund .....	1752.44	
Ninety-nine shares AMERICAN JOURNAL OF NURSING stock..	9900.00	
	<hr/>	\$12,814.21

Audited, found correct,

D. D. ANDRADE, A.A.,  
May 15, 1912.

*JOURNAL PURCHASE FUND*

Balance, April 30, 1911 .....	\$30.85	
Associations and individuals, as reported in the JOURNAL .....	820.15	
	<hr/>	
Total .....		\$851.00

*Disbursements*

To Mary M. Riddle, Treasurer, AMERICAN JOURNAL OF  
NURSING Company .....

\$851.00

In addition to the above, gifts of AMERICAN JOURNAL OF NURSING stock have been received from Jane A. Delano, 1 share, value, \$100.00; Dr. Hunter Robb, 1 share, value, \$100.00

Audited and found correct,

D. D. ANDRADE, A.A.,  
May 15, 1912.

## NURSES' RELIEF FUND

(The itemized report of contributions to the Nurses' Relief Fund by individuals and associations throughout the year was included in the treasurer's report, but is not repeated here, as it has been published from month to month in the JOURNAL.)

Receipts .....	\$1765.04
<i>Disbursements</i>	
Expenses of committee .....	\$11.20
Exchange on checks .....	1.40
	<hr/>
	\$12.60
Receipts .....	\$1765.04
Disbursements .....	12.60
	<hr/>
Balance .....	\$1752.44

M. LOUISE TWISS, R.N., Treasurer.

Audited and found correct,

D. D. ANDRADE, A.A.,  
May 15, 1912.

The treasurer's report was accepted as read.

## REPORT OF INTERSTATE SECRETARY OF THE AMERICAN SOCIETY OF SUPERINTENDENTS OF TRAINING SCHOOLS FOR NURSES AND THE AMERICAN NURSES' ASSOCIATION.

IN presenting a report of the work of the interstate secretary it has been impossible to schedule the work, putting organizations in one group and schools and hospitals in another, and after making an attempt it was abandoned because these nursing interests cannot be separated; they are woven together as are the individual, the family, and the state, and in considering one it must be regarded as an integral part of a whole. For instance, state registration does not concern the graduate alone, although many of us have thought so, but it is of vital importance to the public, to the hospital, to the pupil, and to the great army of graduates. Hence this report aims to show how pupils, graduates, schools, organizations, and laws are all bound together in a whole, which we may call the status of nursing for lack of another name.

The work has covered two years, including twelve months of travel, six months in each year, the summer months from April to October being devoted to the necessary correspondence in arranging the itinerary. All

of the visits and meetings were by invitation from some organization of nurses. A considerable number could not be met because requests came too late, and in some instances it has seemed impossible for the nurses to understand why extra travel, time, and meetings could not be interjected into an itinerary covering thousands of miles which had taken months to plan. Some concern has been expressed for the interstate secretary for the strain of travel, but in reality, the heavy correspondence and the efforts to make the requests of the nurses' organizations conform to the geography of the country and to railway time-tables were the most difficult part of it.

The general public hospitals visited were those under the control of cities or counties such as Bellevue in New York, the Philadelphia, the Cook County of Chicago, City and County of St. Paul, and the County in Tacoma, Washington. In most of these hospitals good schools for nurses exist.

The general hospitals under private management present variations so numerous that pages might be devoted to them: from the well-equipped hospitals providing good care for patients, excellent training for nurses, as well as proper living conditions, to the many inferior institutions which provide neither adequate nursing care for the patients nor training for nurses. Unhappily the latter are numerous, and in almost every city of the country are examples of the greatest fault out of which arise the manifold glaring defects of nursing education, viz., the establishment of nursing schools *solely because they afford a cheap way of getting the hospital nursing done*. It is schools of this type that admit the young girl, the uneducated, the undisciplined, and the undesirable, who pour them out annually to swell an army of incapables. The laws of state registration endeavor to cure these defects rather than to prevent them, and taken from every stand-point the nursing situation seems to be critical. That we have always had these problems cannot be denied, but in their multiplication lies our danger. Opposition to state registration has arisen in unexpected places; charges are made that under the exactions of our present laws the schools are unable to secure probationers in sufficient numbers, and therefore laws for state registration of nurses should be repealed. If the charge were made that the requirements of the laws are so slight that they permit the establishment of great numbers of inferior schools which take desirable candidates from the really good institutions, it would be nearer the truth. The most unhappy phase of the situation is in the number of victims of these so-called training schools, many of whom might with proper teaching become efficient nurses. At the same time it must be admitted

that *in order to get the hospital work done* nearly every if not all hospitals in the country are compelled to admit undesirable candidates.

Another phase of the situation is that the criticism for the results of this state of affairs is heaped upon the heads of superintendents and nurses, whereas in most instances neither is to blame. Most superintendents have to fight constantly for every inch toward the better teaching of nurses, and one-half of the poor nurses are the victims of poor schools. There are many superintendents living under a constant fire of criticism who, if they were able to do what they feel should be done, would graduate efficient nurses. There are enough poor superintendents, we cannot deny, but for every poor one there are many earnest, hard-working women of whom we may be proud. If this were not true we could not have done the things which have cost us money, time, hard labor, and self-denial. The efforts to establish the course of Hospital Economics at Columbia University, the purchase of the JOURNAL, the Isabel Hampton Robb Educational Fund, and the Relief Fund have together covered a period of about ten years, and when we add to this the labor given so freely for state registration and the Red Cross enrollment, we realize that the nurses of the country *must* have had the right influences from some source or they would not have done this work. The work and money have been given to help all nurses. The course at Columbia, the JOURNAL, and now the scholarships and Relief Fund will be open to the nurses of every state and as time goes on will doubtless become large enough to do great things. It is because so many superintendents have felt the limitations of their own opportunities that they have been eager to help create better possibilities for the coming generations.

The law of registration in one state which permits a hospital of nine beds, for women only, to maintain a training school with *a three years' course* certainly needs looking after. This state is one of a group in which registration was secured in haste, to repent at leisure. The law is poor and the administration of it worse. The state contains a large number of inferior schools; if there is one which approaches efficiency the writer did not see nor hear of it. This state is also one of a group which pretends to have nursing organizations, but upon slight observation these prove to be as inferior as the schools, there being no work, past or contemplated, which would be of the slightest help to the graduate nurses, and in them all there is an almost total absence of good feeling and mutual interest.

In contrast to these conditions are the many schools which are earnestly trying to advance their standing in every way, to improve their



teaching, to enlarge their opportunities by affiliation and co-operation. Such schools in nearly all instances maintain cordial relations with their own alumnae and with the nurses' organizations, and are eager for and interested in state registration and Red Cross enrollment of their graduates.

Nurses trained in schools where this interest is absent lack public spirit, most of them do not evince interest in their own schools or associations, and it is plainly obvious to a stranger who meets large groups of them just where they stand in regard to all the efforts made to improve the nursing schools and their graduates. Too many graduates do not realize that they owe any duty to their schools or their profession, failing to understand how the status of their own schools is of vital importance to them as individuals.

Several large schools have appointed graduate nurses upon their boards of management, an important step which it is hoped will become wide-spread. The nurses have long needed friends at court who understand the difficulties which beset both pupils and graduates.

The various nursing organizations, from this our national body to the youngest alumnae society, have each an individual personality. The best are alert, intelligent, industrious, forebearing, and progressive. In them one finds definite work and plans worthy of respect. Business transacted with them is prompt, definite, accurate, and courteous, and if one is fortunate enough to be their guest one finds the most thoughtful hospitality, and comes away with the remembrance of an enjoyable visit with friends rather than a short stay with strangers. The fact that during two years of travel and so many meetings of nurses only two engagements were missed and only one misunderstanding about a date has occurred, speaks volumes for the methods of the associations.

In the better organizations there is always inquiry about the best work to be done, and during the past year your interstate secretary has urged upon many societies the need of a better understanding of the laws of registration in their own states. Every registered nurse should have an intelligent grasp of the law under which she registered—not only its requirements but its limitations and deficiencies. Looking back it would seem that in the beginning the registration of schools should have been the first consideration rather than the registration of nurses. Certainly there can be no doubt in the minds of all good nurses that the state should have more control over the nursing schools. The next few years will doubtless see many changes in the laws, and as those changes concern every individual nurse, each should inform herself of present conditions, and be able to judge of the value or detriment of the pro-

posed amendments. The enrollment for the Red Cross nursing service has proved to be a most revealing process, the members composing local committees gaining an insight into the status of nursing in their own communities, which when added to the revelations of the state boards of nurse examiners gives valuable knowledge to every state in the union, and we begin to understand how very little we really knew about our own profession a few years ago.

One thing which we greatly need and perhaps may have is a central bureau, where institutions needing executives could apply for candidates, and *vice versa*, where information could be exchanged between schools giving and candidates desiring post-graduate work. Everywhere there are numerous inquiries as to the best places to go for post-graduate experience, and such information is not only very meagre but is based almost entirely upon hearsay. If a circular could be prepared and sent to every school in the country asking whether they offer post-graduate experience and *what* they offer, we should in time be able to help the nurses to get the training they wish and also protect the schools from undesirable candidates. Such a central bureau would be a sort of clearing-house of information upon nurses and nursing affairs throughout the country, and could not fail to be of value. The better we know and understand each other the more rapid our progress will be.

The older nurses among us recall with regret the experience of 1898 when, in the emergency of war and its consequent epidemic of typhoid fever, a call was made for nearly fifteen hundred nurses. The medical department of the army was unaccustomed to women nurses, the nurses were inexperienced in army work, and the D. A. R. tried to be the bridge between the two. Here were three groups of good people, all inspired by the same desire, to nurse the sick soldiers, and because there was no definite plan of action and no one group understood the other two, confusion and misunderstanding resulted. We are indebted to one moving spirit, Miss Delano, who has had the foresight and judgment to fully realize that the nursing service of the Red Cross should constitute the nursing reserve of the medical department of the army and navy, for planning and building so substantial a bridge between them that the majority of the three thousand enrolled Red Cross nurses could be called out inside of thirty days if they were needed. The foundations of this bridge are the nursing organizations, and it remains to be seen whether we can support the heavy superstructure which would be imposed in time of war. The Red Cross nursing service is the one great feature of nursing which is our very own, in which no one may interfere, and for that very reason we must jealously guard the

enrollment, each state holding itself responsible for its nurses and each nurse holding herself responsible as an individual. The Red Cross holds no place for the trifler, the lazy, the slovenly, the incompetent, nor the women who see in war or calamity only an opportunity for adventure.

Each time we come together, as we have now, we may ask ourselves two questions: What has the coming year in store for us? If it is a baptism of fire, shall we face it with honor? The answers lie in our own hands.

It would be impossible, no matter how interesting, to go into the details of my long journeys. Last year they mostly covered the parts of the country both east and west which are well known; this year two journeys were made into the far south and the far north, both of which were as distinctive as Boston and Salt Lake City.

The south has difficulties and problems peculiar to social conditions which we of the north do not comprehend. We forget that at the end of the Civil War the southern states were bankrupt, and not only had nothing to sustain themselves but had another helpless race on their hands. Looking back fifty years we see that millions and millions of money have been poured into the hospitals and nursing schools of the north and west and yet, in spite of all that has been done, we are not yet without institutions suffering from poor equipment and lack of funds. Then, looking to the south, how can we criticize, knowing that its hospitals have all been born in privation? If we counted them in both sections, the north would have the greater number and we try to make ourselves believe that our finest and best are representative, which is not true. What is excusable in sparsely-settled communities of limited means is altogether wrong in wealthy cities, but too many of us judge from the stand-point of our own personal training without any real knowledge of the situation as a whole. It is not putting it too strongly to say positively that for every poor hospital to be named south of the Mason and Dixon line two can be mentioned north of it. In the north we have the advantages of the splendid examples of what hospitals with adequate endowment may be. Personally I wish some way might be devised to bring the northern and southern schools nearer together—an affiliation which would be just as beneficial for one side as the other. The north needs more good nurses, the southern communities must have hospitals, but the nurses from any of them need further training, and if some way could be planned to bring the two needs together, both would be better off. Everywhere in the south, just as in the north, are good nurses who work against discouraging conditions; their industry, intelli-

gence, and eagerness for knowledge are greatly in contrast to a few of our communities where there is nothing to struggle for, and consequently we sit down in our easy chairs and admire ourselves, entirely forgetting our neighbor.

The southern journey was vividly interesting from beginning to end, the country, the people, the climate, the hospitals, and the nurses made an impression never to be forgotten. The transplanted nurses of the south are just as enlightening as the transplanted nurses of the west. We find them throwing themselves into new work and difficulties, assuming that they are their own, defending them, and in every way showing that "thy country is my country" and gradually "making themselves respected" as Mr. Kipling would say. Then turning the picture over, we find the women who leave ideals and public sentiment at home, who are seeking comfortable berths and adventure in lands far from home—they need no description.

The journey to the copper country, the land of Pere Marquette, more commonly known as the northern peninsula of Michigan, was an experience of a lifetime. From the day of departure, January 2, until January 14, the thermometer did not rise above zero, varying all the way from 3° to 30° below, while it snowed heavily a great part of the time. The itinerary planned called for thirteen meetings in ten days, among them three addresses to high school girls, and in spite of the wicked machinations of the weather man, the plan was carried out except for one high school address at Petoskey, the omission of which arose from the mistake of a railway official about time-tables.

Although schools are small and nurses are scattered, there were evidences everywhere of the work and influence of the state nurses' association. The most unusual phases of nursing in the copper country are the mine hospitals and visiting nursing among the miners. Mining is now almost the sole business interest, as the lumber is gone, and the country is too cold for much agriculture, consequently one finds, aside from zero weather, an entirely different atmosphere from that in cities with diversified business interests. The rugged climate has its influence, and one cannot fail to be impressed with the idea that the people living in it are less burdened with non-essentials and trivialities than we who live further south. One nurse who has been in charge of a mine hospital for many years told me that during one winter on the Gobeic range the ward floors were not scrubbed for days at a time because the hot water froze faster than it could be wiped up, and this in a steam-heated building; the struggle with such conditions leaves little time for fuss and worry over trifles, and in consequence there is an individuality

and strength about these nurses and doctors which are often painfully absent in many otherwise fine hospitals, where the mighty strain of living up to certain standards all but wrecks every one concerned.

The work of the visiting nurses among the miners is wonderfully interesting, and here as everywhere there is being developed a type of nurse who stands out unmistakably among us. The type has not yet been officially described, but visiting nursing makes such demands upon the sympathies of good women that in responding to its appeal there develops a type which is everything a nurse should be, whether the work is among the Finnish miners or the garment-workers of the East Side of New York or in the tenements of New Orleans or beyond the Chicago stockyards—the type is there, not in numerous examples, but enough to be noticeable.

It is not for the interstate secretary to estimate the value of this work, but in looking back over the two years of experience certain phases stand out clearly from the whole. In spite of the numbers of poor nursing schools and associations there are everywhere enough good nurses to leaven the lump, and if nothing else has been accomplished, these women have been encouraged to go on, and a start has been made toward establishing a public opinion among ourselves. Why should the good schools and nurses not have full credit and the poor ones the discredit of this work?

Whatever work is undertaken, whether it be for the Red Cross or better registration laws, or the Relief Fund or the Educational Fund or for some local need, it is good training for the individual, and even when we grumble about the extra work for which we may never even get thanks, yet in our hearts we cannot help having a sense of satisfaction that we are doing our small part in holding up the structure we may call efficiency.

This national society of ours represents 20,000 nurses, and the strength of opinion which may emanate from 20,000 good women working together for a common good is not to be despised, we may even hope that in some quarters it may be feared. The common good for which we strive can be stated in six words: better schools, better nurses, better service.

The list of cities following is arranged in the order of the visit, beginning in September, 1910, at a graduation at Hackley Hospital, Muskegon, Michigan, and ending at a state meeting at Lincoln, Nebraska, in February, 1912:

1910–1911: Muskegon, Mich.; Indianapolis, Ind.; Beloit, Wis.; St. Paul, Minneapolis, Minn.; Pierre, S. D.; Omaha, Neb.; Boise, Idaho; Spokane, Seattle, Tacoma, Wash.; Portland, Ore.; San Francisco,

Santa Barbara, Los Angeles, Pasadena, San Diego, Cal.; Salt Lake City, Utah; Omaha, Neb.; Peoria, Ill.; St. Louis, Mo.; Milwaukee, Madison, Wis.; Rochester, Syracuse, New York, N. Y.; Philadelphia, Pa.; Baltimore, Md.; Richmond, Va.; Newark, N. J.; Reading, Pittsburgh, Pa.; Auburn, N. Y.; Cleveland, Toledo, Dayton, Ohio; Detroit, Ann Arbor, Grand Rapids, Battle Creek, Kalamazoo, Jackson, Mich.; Lafayette, Ind.; Hannibal, Kansas City, Mo.; Cedar Rapids, Des Moines, Dubuque, Iowa City, Davenport, Iowa; Chicago, Ill.

1911-1912: Utica, New York, Brooklyn, Albany, N. Y.; Providence, R. I.; Boston, Newton, Salem, Worcester, Mass.; Concord, Hanover, N. H.; Newark, Orange, Elizabeth, Trenton, N. J.; Philadelphia, Pa.; Baltimore, Md.; Wheeling, W. Va.; Milwaukee, Madison, Kenosha, Racine, Oshkosh, Wis.; Chicago, Ill.; Louisville, Ky.; Nashville, Knoxville, Memphis, Tenn.; Greenfield, Vicksburg, Natchez, Miss.; New Orleans, La.; Houston, San Antonio, Galveston, Temple, Dallas, Texas; Grand Rapids, Saginaw, Bay City, Manistee, Cadillac, Traverse, Petoskey, Sault Ste. Marie, Ishpeming, Calumet, Mich.; Buffalo, Geneva, N. Y.; Philadelphia, Pa.; New York, N. Y.; Cincinnati, Zanesville, Columbus, Akron, Cleveland, Elyria, Ohio; Quincy, Ill.; Kansas City, St. Joseph, Mo.; Wichita, Kan.; Lincoln, Neb.

Nurses' meetings: 12 state associations; 60 city associations; 4 county associations; 24 superintendents' associations; 6 alumnae associations; 58 pupil nurses; 4 public schools; total 168.

#### HOSPITALS AND SCHOOLS VISITED

*General Hospitals (Public Management).*—County Hospital, Wauwatosa, Wis.; Bellevue, N. Y. C.; Philadelphia; Cook County, Chicago; City and County, St. Paul; County, Tacoma; Boston City; City, Knoxville, Tenn.; City, Memphis, Tenn.; City, Vicksburg, Miss.; City, Natchez, Miss.; City, San Antonio, Texas; City, Louisville, Ky.

*General Hospitals (Private Management).*—Hackley Hospital, Muskegon; Beloit Hospital, Wis.; Seattle, General; Oakland, Cal.; Pasadena, Cal.; Proctor, Peoria, Ill.; Pennsylvania, Philadelphia; South Side, Pittsburgh; Reading Hospital, Pa.; Auburn, N. Y.; Lakeside, Cleveland, Ohio; Harper, Detroit; Toledo, Ohio; Miami Valley, Dayton, Ohio; Butterworth, Grand Rapids, Mich.; Union Benevolent Association, Grand Rapids, Mich.; Bronson, Kalamazoo, Mich.; Jackson, Mich.; Lafayette, Ind.; Levering, Hannibal, Mo.; Finley, Dubuque, Iowa; University, Iowa City; Faxton, Utica, N. Y.; Rhode Island, Providence; Newton, Mass.; Salem, Mass.; Worcester, Mass.; Hanover, N. H.; University, Baltimore; Kenosha, Wis.; Norton Infirmary, Louisville; Lin-

coln Memorial, Knoxville, Tenn.; Memphis, Tenn.; Galveston, John Sealy, San Antonio; Lockwood, Petoskey; Saùlt Ste. Marie; Geneva, N. Y.; Bethesda, Zanesville, Ohio; Akron, Ohio; Elyria, Ohio; Blessing, Quincy, Ill.

*General Hospitals (Church Affiliations).*—Methodist Episcopal, Omaha; Asbury Methodist, Minneapolis; Clarkson, Omaha (Episcopal); St. Luke's, Boise, Idaho (Episcopal); St. Luke's, Spokane, Wash. (Episcopal); St. Luke's, St. Paul, Minn. (Episcopal); St. Luke's, Cedar Rapids, Ia. (Episcopal); St. Luke's, Davenport, Ia. (Episcopal); St. Luke's, Chicago (Episcopal); Fanny Paddock, Tacoma (Episcopal); Good Samaritan, Portland, Ore. (Episcopal); Good Shepherd, Syracuse (Episcopal); St. Mark's, Salt Lake City (Episcopal); New York (Presbyterian); Philadelphia (Presbyterian); Memphis (Presbyterian); Dallas (Baptist); Santa Rosa (Roman Catholic Sisters); Sisters Hospital, Manistee (Roman Catholic Sisters); Mercy Hospital, Cadillac (Roman Catholic Sisters); Mt. Sinai, N. Y. (Hebrew); Jewish, Cincinnati (Hebrew); Touro Infirmary, New Orleans (Hebrew).

*Special Hospitals.*—Northern Pacific Railway, Tacoma; Calumet & Helca Mining Hospital; Battle Creek Sanitarium; Providence, R. I.; State Hospital for Insane, Concord, N. H.; two sanitarium, Memphis, Tenn.; Sanitarium, Knoxville, Tenn.; Sanitarium, Greenville, Miss.; St. Mark's for Women and Children, El Paso; State Hospital for the Insane, Traverse, Mich.; Mine Hospital, Ishpeming; State Hospital for the Insane, Lincoln, Neb.

*Summary:* General public, 13; general private, 42; general church, 23; special, 12; total, 90.

Miss McIsaac's report was accepted by a rising vote of thanks.

Reports were given of the work of the Arrangements Committee and the Programme Committee.

The report of the Nominating Committee was given by the chairman, Miss Dorsey, who presented the following ticket of nominations:

*For President:* Sarah E. Sly, R.N., Birmingham, Mich. *For First Vice-President:* Adda Eldredge, R.N., Chicago, Ill., Mrs. A. R. Colvin, St. Paul, Minn. *For Second Vice-President:* Emma M. Nichols, R.N., Boston, Mass., Mrs. H. D. Burrill, R.N., Syracuse, N. Y. *For Secretary:* Agnes G. Deans, R.N., Detroit, Mich. *For Treasurer:* Mrs. C. V. Twiss, R.N., New York, N. Y. *For Directors:* Jane A. Delano, R.N., Washington, D. C.; Mary M. Riddle, R.N., Newton Lower Falls, Mass.; Mrs. Frederick Tice, R.N., Chicago, Ill.; Anna C. Maxwell, R.N., New York, N. Y.; Isabel McIsaac, R.N., Washington, D. C.; Lydia A. Giberson, R.N., Philadelphia, Pa.; Annie Damer, R.N., York-

town Heights, N. Y.; May Loomis, R.N., Seattle, Wash.; Charlotte Forrester, R.N., St. Louis, Mo.; Mary B. Eyre, R.N., Denver, Colo.; Nancy L. Dorsey, R.N., St. Joseph, Mo.; Georgia M. Nevins, R.N., Washington, D. C.

MRS. COLVIN.—Nominations are now in order for any of the offices.

MISS SELDEN.—I move that the nomination of the president, Miss Sly be unanimous. Carried.

MISS RIDDLE.—I would like to put in nomination the name of a member who belongs to the United States at large. I will place before you the name of Miss Isabel McIsaac for first vice-president.

The nomination was seconded, put to the vote, and carried.

Miss McIsaac withdrew her name as a nominee for director. Nominations were closed.

At the joint session of the American Nurses' Association and the Superintendents' Society, held Wednesday evening, Miss Adda Eldredge withdrew her name from the ticket as candidate for first vice-president, through an announcement made by Miss Ahrens.

### REPORT OF THE NURSES' RELIEF FUND

FOUR members of the committee met in Philadelphia, and drafted the ruling and letter for the work of this committee, which was later submitted to each member of the Relief Committee and each member of the Executive Committee of the American Nurses' Association, for their approval. After a few minor changes, the letter was printed, published in the JOURNAL, and a copy sent to every affiliated association of American nurses. As this is the first fund of the kind started for nurses in any country, it was decided best to let the name remain, "Relief Fund of the American Nurses' Association."

All pledges made at the Boston meeting last year have been paid with the exception of two association pledges of \$10.00 each, one individual pledge of \$10.00, six individual pledges of \$5.00 each, and one individual pledge of \$2.00, making a total of \$62.00. We have in bank \$1966.44. Had we the \$62.00 not yet paid, the total would be over \$2000.00. Next year we hope to have the fund reach \$10,000, in order that we may at once begin to use it, as we all no doubt can recall some nurse at this present moment who is really in need of financial help. This association has very easily raised \$10,000 for the Hospital Economics Course, \$10,000 for the purchase of the JOURNAL, and now has over \$12,000 for the Isabel Hampton Robb Educational Fund.

We feel that this is the time to turn our efforts from the educational side, and I think so especially after hearing the announcement made yesterday of the new name of the Superintendents' Society, The Na-



tional League of Nursing Education; such a body of women can surely handle all questions of the education of the nurse.

Every organization of this kind that I know of has made provision to care for its members financially, when necessary. Nurses, above all, should have a large relief fund.

Copies of the letter telling about the Relief Fund will be found on the registry table.

L. A. GIBERSON, Chairman.

MRS. COLVIN.—Looking over this audience I feel almost sure that we can reach the \$10,000 mark in plèdges before this meeting is over.

The report was accepted.

MISS DELANO moved that a calendar be published, the proceeds to be devoted to the Relief Fund. Carried.

MISS NICHOLS took the chair.

MRS. COLVIN.—In coming to Chicago one object I had in view was to meet the president, Miss Sly. I have corresponded with her and heard of her for a long time, but found after getting here that I was to be denied that pleasure. You have all heard of her illness and I hope that you have all heard that she is getting well; but she is unable to attend this meeting. However, she has sent her message and I am going to read it to you and ask that you should listen to it very carefully.

## ADDRESS OF THE PRESIDENT

### OUR RESPONSIBILITIES

A BRIEF résumé of the history and rapid growth of this association will enable us to better understand the development of the national work and the extent of our responsibilities at the present time.

At the annual meeting of the Superintendents of Training Schools for Nurses which was held in Philadelphia in September, 1895, a committee of twelve superintendents was appointed, and twelve alumnae associations were invited to send representatives, making a working committee of twenty-four, whose duty was to organize a national association.

In September, 1896, a Constitutional Convention composed of fifteen members of this committee was held at Manhattan Beach Hotel for the purpose of drafting a constitution and by-laws and to unite into one body the alumnae associations of the different schools, but it was not until a meeting in Baltimore, in February, 1897 (at the time of the

fourth annual meeting of the Superintendents' Society) that the Nurses' Associated Alumnae of the United States and Canada was organized, and by-laws with amendments were adopted, with an enrollment of twenty-two charter members.

To-day we are honored in having with us many of those charter members who have been the pioneer workers in active service during all the years of this organization.

In order to become incorporated in 1901, it was necessary to ask the Canadian associations to withdraw.

During the first five years of organization, eleven associations were affiliated, and in the next ten years there was an increase of forty-two associations.

On account of the affiliation of state, county, and city organizations, the name "Associated Alumnae" no longer fully represented our national interests, so that at the reorganization in Boston last year, the name was changed to the American Nurses' Association.

From the small beginning we have (as the secretary has reported) an affiliated membership of 224 associations with sixty-nine permanent members and twenty-two charter members, representing approximately 20,000 graduate nurses in the United States.

We have reached into the broader fields of nursing activities through affiliation with the International Council of Nurses, the American Red Cross, the National Association for the Study and Prevention of Tuberculosis, and the American Association for the Study and Prevention of Infant Mortality.

One aim, toward which we have worked for the past twelve years, has been to own the AMERICAN JOURNAL OF NURSING, and this has at last been accomplished through the generosity, and the faithful, persistent efforts of the nurses all over the country. Their response to appeal has been prompt and cordial, and we feel it an honor to be associated with a body of women whose united efforts have resulted in such a great achievement.

During all these years the responsibility of the JOURNAL has been carried by the editor, Miss Palmer, and a small group of women who have from the beginning given liberally of their time and strength to make it a success, and as a result we have a magazine which is indeed a credit to our profession.

The AMERICAN JOURNAL OF NURSING stands for national progress and national unity, and is one of the most powerful influences in nursing education that we have in America to-day. It is the official organ of many nursing organizations, including the three national societies, and

is the connecting link which binds the nurses of the country together. Now that it is the property of the American Nurses' Association, every nurse is an individual shareholder in responsibility, and it must be her personal concern to support it, and to help maintain and advance its high standard of excellence. That will insure its prosperity and progress. We need and we must have the interest and co-operation of every nurse in this association, to reach the thousands of graduate nurses throughout the country who are not in touch with nursing organization, and induce them to subscribe for the JOURNAL.

A national magazine such as ours should have a subscription list of ten times its present number, and I urge every delegate and every nurse present to carry this appeal back to their local associations, so that in the coming year we will have a substantial increase in the number of subscribers and in the knowledge and intelligence which comes from reading its pages.

Soon after the Department of Hospital Economics (now the Department of Nursing and Health) was established at Teachers' College, Columbia University, New York, the American Nurses' Association joined with the Superintendents' Society to help place this department on a permanent basis. The nurses of the whole country contributed to it individually and collectively. After the beginning was made and its value demonstrated, there followed the substantial endowment of Mrs. Helen Hartley Jenkins, of New York. This splendid achievement, like state registration, is the direct result of all classes of nurses working together.

Organized effort has been the means of securing registration in thirty-two states. The real difficulty lies not in securing state registration, but in the subsequent administration of the law. We should give the boards of examiners and the legislative committees our unqualified loyalty and support in their efforts to enforce the requirements of the law and to raise the educational standards of training schools for nurses.

No matter with what opposition we are confronted or from what source it comes, it will be overcome if we have the courage to stand for the things we know are right, because ultimately justice must prevail.

Seven states make it compulsory for the nurses to register to practise their profession. Until registration is made compulsory for nurses in all the states, the same as for the medical and other professions, any one from any training school may practise and we have no means of protection or redress. As the standards of education become more uni-

form, reciprocity will naturally become more commonly practised in the different states.

For the past two years the American Nurses' Association has shared with the American Red Cross, the AMERICAN JOURNAL OF NURSING, and the Superintendents' Society in the salary of an interstate secretary, the travelling expenses being met by the respective local associations which she visited. Miss McIsaac, who was elected to fill that office, has not only presented the work of all the nursing interests throughout the country, but she has helped to lay a splendid foundation for future organization and state registration. It is too soon to see all of the far-reaching influence of her work, but that it has been a successful venture is evidenced by reports of increased interest and activities along all nursing lines. From Miss McIsaac's wise counsel, we confidently anticipate there will be a marked improvement in educational standards, in stronger local organizations, and in more uniform registration laws.

On account of Miss McIsaac's appointment as superintendent of the Army Nurse Corps, she will not be available for interstate work, but it is hoped that Miss Palmer or her assistant Miss DeWitt may be able to arrange to visit different sections of the country, as they have done heretofore.

The Robb Memorial Educational Fund and the Relief Fund are perpetual obligations, and are as much for the nurses of the future as for those of to-day. Nurses everywhere, including pupils in training, must be educated to realize their responsibility to have a part in maintaining them; and local associations should keep before their members constantly the objects and benefits to be derived from both funds.

The Relief Fund, as its name implies, is for those who have become physically or financially disabled, through emergency or serious illness, and the sooner the fund accumulates, the sooner we shall be able to give needed help.

Our increase in numbers, our broader educational influence mean new and larger responsibilities, and to-day we stand on the threshold of a new epoch with higher ideals, greater hopes, and aspirations.

In commemoration of this occasion and the final transfer of the JOURNAL, it seems fitting that at this meeting we should consider very seriously the establishment of central headquarters for the transaction of our business. We hear much about conservation of energy along all lines of work, and the time has come when the conservation of those who are carrying the responsibility of our national work is absolutely necessary.

This is one of the most important questions which confront us,

for our work is increasing each year, while the facilities for doing it are practically the same as in the beginning of the organization. The secretary's duties are at present combined with other work, and she receives only a nominal salary. The constantly changing address has always been a handicap and an inconvenience both to the secretary and to the members. The "Saratoga trunk" in which our valuable records and supplies are packed has long ago reached the limit of its capacity; it is often inaccessible when its contents are most needed, and beside it has the disadvantage of being very unsafe. The JOURNAL with its many departments, the various funds which we are establishing, our other increasing and enlarging affairs, and the multitudinous duties of the secretary should all be administered from a permanent, well-equipped business office.

The location of the JOURNAL is our first consideration, and wherever it is best to centre its work, there should be the headquarters of the American Nurses' Association, for the interests of one are the interests of the other.

I therefore recommend that at this meeting definite steps be taken to accomplish the centralization of the work of the American Nurses' Association and the AMERICAN JOURNAL OF NURSING, and that as soon as possible there be established a permanent business headquarters.

The Red Cross nursing service must become the roll of honor of our profession, and it is our duty to see that only the names of our best women are inscribed there. It is, in a practical way, more closely connected with the American Nurses' Association than any other of our affiliated bodies. The appointment of its National Committee is made through recommendations of this association. It is most gratifying to learn that the National Committee on Red Cross Nursing Service has decided that in the future nurses to be eligible for enrollment must be members of organizations affiliated with the American Nurses' Association. All appointments of committees and all Red Cross work have been done through the national organization, and in many ways this branch of nursing service is more closely connected with the national association than any other. Great credit is due to the chairman of the National Committee, Jane A. Delano, and her co-workers for systematizing the Red Cross nursing service. They have obtained uniform regulations, have organized state and local committees, and have enrolled a large corps of the best nurses in the country for active service in time of need. The local committees have a very great responsibility in the selection of candidates for enrollment. They should exercise the greatest care possible in their recommendations, because they are responsible for the character and the efficiency of the nurses whom they endorse.

The Ninth International Red Cross Conference was held in Washington from May 7 to 17, 1912. On account of the splendid work done by the nurses under the Red Cross nursing service, four delegates were appointed by the Secretary of State at Washington from recommendations made by the American Nurses' Association, who represented the nurses of the United States at the conference. This recognition of the efficiency of the Red Cross nursing service is a great incentive for future work.

The private duty nurse and her training in efficiency for her most important work is a subject which engages our thoughtful consideration. Upon her character and her efficiency depends the quality of her service to the largest number of the sick, and no matter what fields of nursing may develop, the number of nurses on private duty will always be in the majority. Every member of the profession is judged by the private duty nurse; as she goes into the homes of the people, she is the exponent of the standards of our profession. The private nurse of to-day may to-morrow be in some other department of nursing and it behooves her to keep in touch with the trend of affairs in the whole nursing world, and to make herself strongly felt in association work and in the support of the *JOURNAL*.

Social service with its animating spirit is leavening our whole profession. The large number of nurses who are engaging in social service has become more and more a very important group and naturally they want more time for the discussion of their problems than can be given them in the regular meetings of the American Nurses' Association.

I therefore recommend that visiting nurses, social service nurses, and all nurses in allied work organize a national association and become affiliated with the American Nurses' Association. That would give them representation in the International Council of Nurses.

No one branch of nursing service is independent of the other, and under the new constitution and by-laws, the American Nurses' Association must stand for all the educational nursing interests of the United States. Our strength is in a united front, and the social service nurses need and must have the American Nurses' Association back of them.

Among the many unsolved questions which are before us and which call for thoughtful, serious consideration on the part of every member of the association are the responsibility of providing nursing care for people of moderate means, and the sliding scale of rates. The time has come when the nursing body should co-operate with the medical profession to reach a solution of this problem, without lowering the standard of nurses.

Nursing service for all the people must come from some source, and

especially for those who have not access to hospitals or who are under the care of relief societies. It would seem to me that the universal adoption of the sliding scale—upward as well as downward—which permits the nurse to increase her charge for those who can pay and to lower it when occasion demands, would meet all conditions. The fixed charge creates prejudice and keeps many nurses idle. This is largely the reason for so many practical nurses, and the cause of the agitation for trained attendants. People must have care. On the other hand, not all nurses are alike capable, competent, adaptable, well-trained, and experienced. Why should a nurse after ten years' or more experience in private, social, or institutional work only receive the amount she did the first year? It would seem perfectly reasonable for those whose training and experience warranted it to charge more, so that they could sometimes work for less. Those who are not progressive will fall into their proper place. In this way all would strive harder, as each would have to stand on her own merits. A sliding scale, with all the states working together, with our splendidly-organized central registries controlled absolutely by nurses, would meet the conditions fairly and squarely. If the nurses in one state would try the experiment, others would follow as they have done in securing legislative enactments. Our nursing organizations have assumed the responsibility of the elevation and advancement of nursing education, that the sick may be more skilfully cared for, so is it not equally our responsibility that such skilled service be available for all classes of people?

All members of this association should stand solidly together for a reasonable, educational standard, allowing sufficient time for training schools to improve their standards, so as not to interfere with the service in the hospitals. There are too many ignorant women in the ranks by whose mistakes in conduct and morals we are all judged. There is a small number of medical men who are inveighing against the educated nurse. Their fear that she will invade their province by trying to adjust medical questions is assuredly groundless. We should not be frightened or discouraged by opposition, even if we must back water once in a while. No good thing is ever gained easily. The more vital the question, the greater the opposition. Any reform to be lasting must be brought about slowly. No one else will solve our problems for us. As we become of greater importance, the more determined certain factions will be to control us. The greatest danger we have to face is failure to stand together for what we know is right. All our efforts lead to the more efficient care of the sick in the home, hospital, army, navy, and in every land. The gain is to come chiefly to those who follow us, not to ourselves, therefore we must build carefully on the foundation which was so securely laid by

the pioneer nurses. The opposition with which we are confronted is the natural result of a long, pioneer period, without standards or regulation; during which commercial interests of hospitals, directories, and individuals were unrestrained.

Nothing would so soon dispel the opposition as some means to care for the people of moderate means, who are in the great majority and who must by some means have efficient care.

The enfranchisement of woman as part of a republican form of government, after struggling half a century for a foothold in this country, is gaining respectful consideration. I believe in woman's rights, but the way to these rights is not through noisy, undignified, political agitation, but rather through a careful study of the whole situation, and a definite knowledge of what we want and why we want it. I believe in woman suffrage wherever the women want it, but I do not think that suffrage should be forced upon them. I object to men imposing a share in the responsibility upon women who are adverse, reluctant, or indifferent, because it is unjust to them. For that reason, I think, every woman should decide for herself whether she wishes suffrage or not, just as she decides what her religion shall be. There are few women who want the vote because it is their right but because they recognize that only through having a voice in the laws of the country can they hope to remedy the conditions now prevailing. We as nurses see those conditions as many others have not the opportunity to see them. Susan B. Anthony once said: "If I knew that suffrage in the hands of women would work disorder, I would be so sure of the principle and that the disturbance could be but temporary, that I would still stand for it."

To the nurses who are here as delegates or visitors, perhaps for the first time, let me say that the meetings are as much for you as for the oldest members of this association. It is confidently expected that you will take part in the discussion and take back to your associations the very essence of the work being accomplished all over the country, and in addition, new energy and greater enthusiasm for the work the coming year.

To the officers and chairmen of committees, to the editor of the *AMERICAN JOURNAL OF NURSING* and the assistant editor, and to all affiliated associations I wish to express gratitude for their invaluable assistance and hearty co-operation in bringing the year to a successful close.

MRS. COLVIN resumed the chair.

MISS NICHOLS moved that a message by telegraph be sent to Miss Sly. Carried.



MISS KRUEGER.—May I add that those of us who have just come from Miss Sly's bedside bring this message, that she is much disappointed at not being here to-day. I am sure she will be greatly pleased with this greeting.

The chair appointed the tellers and inspectors of election as follows: Bena Henderson of Chicago, Elizabeth Dewey of New York, Irene Yocum of New York, Emma A. Katz of Milwaukee, and Elizabeth Johnson of Chicago.

The committee on resolutions was appointed as follows: Margaret Whitaker, Linna H. Denny, and Margaret McKinley.

Moved by Mrs. Twiss to amend the by-laws by striking out Section 7 of Article I, which reads: "Any permanent member or charter member who has arrived at the age of sixty-two years may upon application to the Executive Committee be excused from further payment of dues, still reserving all the rights and privileges of membership."

Carried.

Meeting adjourned.

#### THURSDAY MORNING SESSION

The meeting was called to order at 9.30 by MRS. COLVIN.

### REPORT OF THE JOINT COMMITTEE APPOINTED FOR CONSIDERATION OF THE STANDARDIZATION OF VISITING NURSING

(Read by Mary Gardner)

IN January, 1912, a joint committee was appointed by the American Nurses' Association and the Society of Superintendents of Training Schools, the members of the committee being Miss Delano, Miss Kerr, and Miss Crandall from the former, and Miss Foley, Miss Beard, and Miss Gardner from the latter. Miss Wald was made chairman, as recommended by the Superintendents' Society.

Four meetings of the committee with one adjourned session have been held in New York: on February 8 and 9 and on May 11, 20, and 21. One meeting was also held in Chicago on June 2.

It was felt by the committee that there is great need of standardization of visiting nurse work and that the time is ripe for the formation of a national visiting nurse association.

To that end the following letter was sent to 1092 organizations employing visiting nurses in the United States.

Within the last decade there has been a very marked extension of the work of the visiting nurse both in cities and in rural communities. Because the demand has been so insistent many organizations have been hastily established throughout the country without any conviction or knowledge on the part of the organizers as to certain fundamental requirements. Public spirited men and women, eager for the preservation of health and the dissemination of knowledge that would prevent disease and physical disaster, have perceived in the nurses' services the possibility of carrying out their ideals.

Since 1902 similar demands have been made by the state and municipalities which have engaged the nurse for medical inspection in the public schools, for milk clinics, in the tuberculosis campaign, for the inspection of midwives, in the effort for the reduction of blindness, for the control of contagious diseases, and other public health movements.

Large manufacturing and commercial firms have broadened their interests to include health protective measures for their employees. The innovation of nursing their policyholders has been introduced by a large insurance company. The intention of the National Red Cross Society to undertake rural nursing in communities hitherto neglected in this respect has just been announced. All of these measures have caused nurses with moral enthusiasm for social service and zeal for maintaining the lofty standards of their profession to recognize, from time to time, a potential danger in this eagerness to utilize the nurses' services, inasmuch as all hopes for the ultimate success of all these enterprises can only be realized through the preliminary education of the general public as to certain definite requirements involved, and through the work of well-trained and inspired nurses. Therefore some of the leaders in the nursing profession have been impelled to take steps for the establishment of standards of visiting nursing in the United States. Their conviction of this need has recently been expressed in the appointment of a joint committee, representing the American Society of Superintendents of Training Schools for Nurses, and the American Nurses' Association, with instructions to report at the annual conventions to be held in June, 1912, in Chicago, tentative articles of standardization.

The committee whose names appear below met in conference in New York City February 16 and 17, and are ready to present to the national bodies the report of their deliberations. They are convinced, however, that the time is ripe for the organization of a national visiting nurse association, and believe it is best to ask each local society in the United States to send an accredited representative to Chicago (the meeting to be held at 9.00 A.M. at the Auditorium Hotel on Wednesday, June 5, 1912) that this subject may be more fully discussed and further details of standards developed. The committee further hopes that such an association, if formed, will, as a corporate body, become a member of the American Nurses' Association, and thereby ally itself with the general interests of all nurses in the United States. The committee believes that such an organization will have the power to render valuable assistance and guidance to public spirited citizens, and to nurses who wish to share in the great campaign for public health.

The committee earnestly hopes that your society will send a representative who is a nurse, with power to participate in the discussion regarding these matters of great importance. If you determine to do so, will you kindly signify

to Miss Gardner, Secretary, 55 Eddy Street, Providence, R. I., the name of the nurse who will represent you.

(The letter was signed by the members of the committee.)

In sending out this letter every effort was made to reach all organizations of whatever kind employing visiting or public health nurses, but it was realized that so rapid is the growth of such work that any list is incomplete within a few weeks, as new societies and organizations are being started almost daily.

The following list gives the distribution of the letter:

Visiting nurse associations .....	205
City and state boards of health and education.....	156
Private clubs and societies .....	108
Tuberculosis leagues .....	107
Hospitals and dispensaries .....	87
Business concerns .....	38
Settlements and day nurseries .....	35
Churches .....	28
Charity organizations .....	27
Other organizations .....	19

Seventy-eight additional letters were sent to the different counties in which the Pennsylvania State Board of Health nurses are working and 204 letters to the nurses independently employed by the Metropolitan Life Insurance Company, making a total of 1092.

In answer 80 replies have been received: 69 expressing more or less enthusiastic interest in the movement. Seven had no nurse at present. Three merely stated their inability to send a nurse. Only one, a small association employing one nurse, expressed the feeling that a national association was unnecessary. Forty-eight agreed to send delegates for the meeting to be held on June 5 in Chicago. Sixty-nine delegates were eventually sent.

Two recommendations are made by the committee:

*First:* That a national visiting nurse association be formed which shall as an organization become a member of the American Nurses' Association.

*Second:* That certain standards be upheld and recommended to all organizations employing visiting nurses. These standards are as follows:

1. That the nurse shall be twenty-five years of age. That she shall be a graduate of a recognized general hospital of not less than fifty beds, giving a course of training of not less than two years, with obstetrics.

That a nurse applying from a state where state registration pertains shall be a graduate of a hospital acceptable to the state board of registration.

2. That newly organized associations or organizations be urged to secure nurses properly trained for visiting nurse work.

3. That while it is obviously impossible to state a desirable minimum salary for visiting nurses, owing to the great difference in the cost of living in different parts of the country, all associations are urged to pay such salaries as will secure and retain nurses of the highest grade.

It is also recommended that such salaries be increased according to length of service and executive ability.

4. That visiting nurse associations be recommended to adopt a suitable form of dress for their nurses.

To the end that a certain amount of time might be saved should the recommendation of the committee be carried out and a national visiting nurse association formed, a tentative constitution has been prepared which is herewith presented.

The committee after much consideration feels that, on the whole, the visiting nurse movement throughout the country would be more materially strengthened and advanced if the new association were composed of a federation of organizations, allowing also for individual membership, rather than that it should be an organization of individual members alone.

#### CONSTITUTION

ARTICLE I.—Name: The National Organization for Public Health Nursing.

ARTICLE II.—Object: To stimulate the general public and the visiting nurse associations to the extension and support of public health nursing service, to facilitate harmonious co-operation among the workers and supporters and to develop a standard of ethics and technic. Also to act as a clearing house for information for those interested in such work.

ARTICLE III.—The organization shall hold an annual meeting at the place and at the time appointed for the meetings of the American Nurses' Association. Special meetings of the entire body may be called by a majority vote of the Board of Directors.

ARTICLE IV.—Membership: There shall be three types of membership, namely, corporate members, individual members, and associate members.

Corporate members: Any organization engaged in public health nursing, whether a private society, a church, a business enterprise, a city or state board or committee or any governmental body shall be eligible for corporate membership provided that they conform to the minimum requirements for membership as established from time to time by this association, and shall be

entitled to one vote cast by a delegate in attendance who shall be a nurse and a member of the American Nurses' Association.

**Individual membership:** Any nurse a member of the American Nurses' Association engaged in active public health work shall be eligible for individual membership, which shall entitle her to the full power of speech and discussion at the meetings, and to the receipt of any literature which may be disseminated. She shall also have the power to vote.

**Associate membership:** Any individual not a nurse, or any nurse not actively engaged in public health nursing, or any nurse not eligible for individual membership shall be eligible for associate membership, which shall entitle her to the full privileges of speech and discussion at the meetings and to the receipt of any literature which may be disseminated. She shall, however, have no vote.

**ARTICLE V.—Board of Directors:** The association shall at its first meeting elect a board of fifteen directors, who shall be individual members, divided into groups of five, to serve one, two, and three years. At each annual meeting of the association, five new members shall be elected. The planning of work, the arrangement of meetings and conferences, and all other matters pertaining to registration and election shall be in the hands of the Board of Directors.

**ARTICLE VI.—**The association shall annually elect a president, a vice-president, and secretary, who shall be individual members, and who shall be ex-officio members of the Board of Directors. A treasurer shall at the same time be elected. Five directors shall constitute a quorum of the Board of Directors.

**ARTICLE VII.—Executive Committee:** The Board of Directors shall elect from among their own number the Executive Committee, which shall consist of five directors with one member to act as chairman.

**ARTICLE VIII.—Amendment:** The constitution may be amended by a two-thirds vote of the Board of Directors, such action being subsequently ratified by a two-thirds vote of the delegates present at either a regular or a special meeting of the organization.

The matter of by-laws and the relationship of such an organization to the American Nurses' Association has been left for further consideration should a national visiting nurse association be formed.

LILLIAN D. WALD, Chairman.

The report on visiting nurse standards was accepted and referred to the Executive Board.

MRS. COLVIN asked Miss Delano to give a notice of the Congress of Hygiene and Demography.

MISS DELANO.—There is to be held in Washington in September an International Congress of Hygiene and Demography. It has been suggested that the organizations of nurses in the United States take some part in this congress. A special committee was formed, composed of Miss Wald and Miss Nutting, to suggest some manner in which nurses

could co-operate, and the recommendations were embodied in a letter sent out by Miss Wald.

This congress will be held in the same building recently occupied by the Red Cross, and is divided into several sections. It will be necessary to raise a considerable amount of money in order to carry on this work if it is decided to be done. It is a question which I think should be very carefully considered. Whether this can best be done at this time or by the Council is left, I think, for you to decide. It is certainly a great opportunity for nurses to take part in an international exposition which has to do with matters in which we are peculiarly and especially interested. It is to be regretted that this opportunity had not come before us a long time ago—I believe they have been making the plans for the congress now for nearly two years—for I think the nurses of America could have presented an exhibit which would have been well worth while.

MISS WILKINSON.—I move that this question be referred to the joint committee of the two societies. Carried.

MRS. COLVIN.—When this great association scatters, each of us going to her home, the one thing that keeps us in touch with each other throughout the year is the *JOURNAL*, which comes to us every month. I am going to ask now that Miss Palmer, editor-in-chief of the *JOURNAL*, give us a report.

MISS PALMER.—I have no report to place before you. I have only a few announcements and a personal message. First I want to give you greetings from my assistant, whom you all know, Miss DeWitt. I want to explain to you that the reason she is not here at this convention in her home city is not the work of the *JOURNAL*, but the fact that to-morrow she goes to Massachusetts to take part in the twenty-fifth anniversary of her graduation from college, at which time the members of her class are to be the guests for the week of the college; as she says, the occasion can never come to her again and she felt she must deny herself the pleasure of this meeting in order to enjoy the one which is coming.

When I asked Miss DeWitt, who is the chairman as you know of the Programme Committee this year, why she put me on the programme in this way to make a report, she said, "Well, you don't have to say very much. What I wanted to do was to get you up there so that all young nurses and the readers of the *JOURNAL* who had never seen you could know you by sight and speak to you." That is all I will have to do, just let you know who I am, but you must come and make yourself known to me before you go home. I want to shake hands with all of you who are readers of the *JOURNAL* whom I do not know and those

whom I do know ; because you must remember that it is you whom we do not know, who send us the little personal messages from here and there, from the east and west and north and south, who give us the inspiration to carry on this work.

I cannot resist the temptation to make the announcement, which perhaps does not belong to me to make, that this JOURNAL is now the property of the American Nurses' Association. There is just one little legal technicality to be closed up, but all the stock, with the exception of one share, is now owned by the American Nurses' Association. Each individual nurse who is a member of an alumnae association, a county society, a city association, or a state association, affiliated with the American Nurses' Association, is equally a partner in the business of the AMERICAN JOURNAL OF NURSING, which is the great enterprise of the American Nurses' Association. It belongs to you, each one, just as it belongs to me, and just as it belongs to the directors. No one of us has any more right to it than any other has.

You will find—perhaps you have already seen in the hotel, on the floor where you went to register—a JOURNAL table and on that table you will find various things for you to be interested in. If you want to subscribe or to renew, Miss Robinson will be glad to take your money ; if you want to examine the twenty-three text-books on nursing written by nurses, sample copies of them are there. There are two text-books on nursing very soon to come out that I want to speak of here ; one by Mrs. Harriet Camp Lounsberry, which is now in press, and of which I have a dummy, as we call it in the trade, which I am going to put on that JOURNAL table to-day. It came to me last evening. It gives the cover and a number of pages which are mostly blanks, with the preface, and about half of the first chapter. I am sure it will attract your curiosity to know what is coming after. That was as far as the publishers could get with the book in order to have it here in form that you might see what the outside was going to look like.

Then there is a second book, which I know you will all be interested in, on private nursing, which Miss DeWitt has just completed and will have ready for the press in a very short time. I believe this is going to be the book on private nursing—a book which has been needed for many, many years. We have nothing like it ; because it is written out of her fifteen years' experience as a private nurse.

Now just a word about this business of yours, this JOURNAL. I am not going to spend any time talking about the past. You all understand the history of the JOURNAL. We have been twelve years getting it into the hands of the American Nurses' Association and you have all had a part in it. You have all in some way contributed to its success, either

financially or in some other way. This JOURNAL has come into your hands with a good reputation. The only thing that is said against it is that it swings the greatest influence of anything in the nurses' profession. It has come to you on a good business basis without any debts. It has come to you with a small reserve fund with which to carry it forward. It has been a great factor, I am sure you will agree with me in saying, in all the different nursing activities which have made such a gathering of nurses as we have here possible. It was established in the beginning not to compete with other magazines in the field, not to try to run them out of business, not to interfere with them in any way, but that we might have a medium through which our own nursing standards and our own nursing ideals could be placed before the world and be distributed among ourselves unrestricted by the influences of any other body of people.

In the past the direct responsibility of the success of the JOURNAL has been in the hands of a comparatively small number of people, all of them members of the association, but still a small group. Now it is in the hands of this whole body. These twenty thousand members making up the American Nurses' Association have a direct responsibility in its development in the future. You all know what I think you ought to do for the development of the JOURNAL—I have been telling you twelve times a year for twelve years and you don't want to hear it now.

We should make this JOURNAL of ours the greatest women's magazine in the world. Where is there another journal owned and edited and managed by women that is anything more than a little newspaper? I do not know of anything else in the form of a woman's magazine that compares with ours, and I say unblushingly that I think it is the greatest journal that any group of women have ever put forth.

There is just one side of the future of the JOURNAL I want to speak of. When Miss Davis was sitting at her desk, filling out the incorporation papers of the AMERICAN JOURNAL OF NURSING, she saw a vision. She saw in some then unknown and still unknown great centre of this country, in a beautiful street, among groups of publishing houses, one building with a great glittering sign across its front and that sign read, "Publishing House of the American Nurses' Association;" and she saw within those walls offices of different kinds and on one, "Headquarters of the American Nurses' Association;" and on another "Headquarters of the National League for Nursing Education;" and on another, "Headquarters for the National Association for Public Health Nurses;" and so on—a great many more of such offices than we can dream of now. Then she saw a business section of this building with



hundreds of presses working all the time, day and night, under the most approved sanitary conditions, where every kind of book relating to nurses, relating to public health, relating to everything that has to do with the welfare of the people, was being published under the management of nurses in every way. And she filled out those incorporation papers so that that business can be developed without the slightest obstacle or the slightest waste of time in any way in accomplishing it. Now we have made one little beginning toward that vision of hers, and that is in owning and editing our own JOURNAL, and then in a smaller way beginning to carry on for the benefit of the nurses over the country what we call our book business. I want you to get into the habit of turning to the JOURNAL for everything you want. Of course you in the big cities can make just as good financial arrangements for buying books as you can with us, but those in the far distant places can find it to their advantage to order their books through the JOURNAL, and those of you who are loyal to the JOURNAL's interest and want to help in the development of the practical reality of Miss Davis' vision should always place your orders with the JOURNAL. I do not mean to tell you what we can do, what the nurses of the future will be able to do with the revenue which will come to them from this JOURNAL business. If we had money, we could accomplish almost everything that we want to accomplish. We could have exhibits, we could bring influences to bear here and there where there are abuses to be corrected, we could keep interstate secretaries and state secretaries always in the field. Now we can make this JOURNAL bring us revenue to do all that kind of work, not one cent of it more than is necessary for its needed development year by year to be used for the JOURNAL and the balance to be used for promoting the cause of nursing education and the higher ideals and higher standards which we have before us. Those of to-day have no idea what the future may give to us through the influence of what they call the little green book.

Now one last word, a very personal word. This JOURNAL is my child. Do not go away until you have come to me and told me who you are and where you live and whether you read the JOURNAL or not—I do not say whether you subscribe to it—but if you do not read it, why you do not read it.

Mrs. COLVIN.—As Miss Palmer said she had no report to make, and she seemed only to dream dreams and see visions before us here to-day, I do not think we have to do such a practical thing as to accept her report. We simply have to thank her over and over again for all that she has done.

## REPORT OF RED CROSS NURSING SERVICE

MISS DELANO.—I have talked Red Cross so much during the past two years and so many of you have listened to me patiently that I am going to give only a short report.

We have now 31 state committees and 81 local committees on Red Cross Nursing Service, with about six hundred nurses serving on them. I cannot express my deep appreciation of their spirit of helpfulness and ready co-operation. Over 3100 Red Cross nurses are now enrolled, but almost more important is the building up of the Red Cross committees all over the country, ready for any emergency which may arise. These committees are now able to judge between good training and poor training, able to judge of the qualifications of applicants and have the courage of their convictions.

I firmly believe that the Red Cross is teaching the world that men may be organized to save life, even as armies have long been organized to destroy it.

Last year we sent several telegrams to California for nurses to serve on the border of Mexico. Several times those telegrams were sent out at the same minute with telegrams from the Red Cross to their Red Cross Chapters, and from the national director to the institutional members, and in each instance the answer to my telegram came back first. This year a call came, a hurry call for nurses to go into the flooded districts of the south. I sent a telegram to Miss Leek, chairman of the Kansas City Local Committee, who responded within a very few hours, as soon as an answer to a telegram could come. I asked for four nurses. She telegraphed the names of thirteen who were ready. We called on the Kansas City nurses for service in Arkansas and Mississippi, because those states are not yet organized, and we knew that in the course of the flood Louisiana would soon need its own nurses, so we held them back. The following day a telegram came from Miss Wall, chairman of the Louisiana State Committee offering New Orleans nurses, even before we had an opportunity to call for them. These nurses, in Louisiana particularly, have had to put up with great inconveniences. They have worked in tents from the very beginning, and much of the time have lived on army rations. They have met these difficulties without the slightest complaint. The nurses in Vicksburg have perhaps had fewer discomforts, but they have done splendid relief work, without complaint, and with great credit. I am sorry that lack of time will not make it possible to call on Miss Leek and Miss Wall for special reports, but I wish to express my appreciation and the appreciation of the Red Cross for their splendid work.

It is a great temptation to tell something of the International Conference just closed, but you will have this from Miss Nevins later. Japan sent eleven delegates to this conference and the names of two of these are connected with the development of the Red Cross in Japan wherever the Red Cross flag floats—Baron Ozawa and Mr. Togo.

The development of peace activities in Japan is important, due somewhat to the conditions in their country. They are often overwhelmed with floods, tidal waves, and earthquakes. They have organized splendid training schools for nurses. I had the great pleasure of visiting them two years ago in Japan, and of meeting the secretary of the Japanese Red Cross. Their training schools are models and I cannot say too much in praise of their Red Cross nurses.

The work they did during the war with Russia was an incentive and an inspiration to nurses the world over. They have in connection with their large hospital in Tokio a splendid relief equipment which can be mobilized and ready for work within twenty minutes. It seems rather incredible, but is certainly a great achievement.

By a fortunate combination of circumstances a number of delegates sent to this country for the International Red Cross Congress are in Chicago during our own meeting and we have the great privilege of having with us this morning Baron Ozawa, vice-president of the Japanese Red Cross, and Mr. Togo, its secretary. Baron Ozawa has kindly consented to speak to us, in Japanese, and Mr. Togo will translate his speech into English.

### **INTERPRETATION OF ADDRESS BY BARON OZAWA**

There is benevolent and noble work that has been and should be done by men and women. There is hard work that has been and should be done by men and women. Of all these, my friends, nursing is the noblest. Of all these nursing is the hardest. I say again that nursing is the noblest of all because the life and death of man, who has become a victim of disease, chiefly depends upon the care given by nurses; and because his comfort and happiness depend chiefly upon the care given by nurses.

It is the hardest of all because nurses are responsible not only for his physical recovery but also for his mental recovery. There are many cases in which nurses have done the greater, the nobler, and the higher services than any preacher could do in recreating man's life. One tear from a nurse's eyes; one word of prayer from her tender heart; and one touch of her hands are of more worth and more powerful than thousands of words of preaching. I can just imagine how earnestly the

sick and wounded during the Crimean War kissed the shadow of Miss Florence Nightingale. I can just picture in my mind those severely wounded soldiers groaning on bed, whose lives hung upon the edge of death, waking up and exclaiming to Miss Nightingale: "Let me go again to the battle-field and die for my country."

Nursing is, therefore, the noblest, the highest, the most benevolent work of all. The nurse not only alleviates the suffering of a patient but also enlivens his spirit and his soul.

I can hardly express my deep appreciation of the honor done me by you in allowing me to be present here and to speak a few words to you, and it gives me more pleasure than anything else to be present here, because you are doing the same work that I do. But, ladies, I must tell you that I did not come to this noble gathering to talk to you. I came to hear you and learn something from you that I might take back home.

I am on my way home from Washington, at which the Ninth International Red Cross Conference was held last month.

On both ways, I have been trying to study something instructive about nursing, and I am glad to tell you that I have found many such things. Above all, I am impressed most keenly with the nursing services done by you, American ladies. I notice there are many wonderful women in this country devoting their lives to the work of humanity. Miss Boardman, who was a hostess of the International Red Cross Conference, proved herself to be one of the great women of this time. Miss Delano, who is present here, has taught me many valuable lessons. Miss Gladwin, who came to Japan during the late war and rendered great service in relieving the sick and wounded under our Red Cross Society, has furnished me with many things most beneficial to our own nurses, who remember her with a good impression.

I visited some hospitals and other institutions in this country, such as the visiting nurses, and all these have given me great assistance. Historically speaking, the Red Cross Society has been established to give aid to the sick and wounded in time of war, but practically the general trend of the world imposes upon this great institution the giving of relief to sufferers from natural calamities like the Titanic disaster, the Mississippi flood, earthquakes, famines, fires. I mean to say that the time has come when the Red Cross societies of the world should work also or rather chiefly in time of peace for humanity and humanity alone.

Her Majesty the Empress of Japan has shown her gracious desire to the International Red Cross Conference held in Washington donating to it \$50,000 for the Relief Fund in time of peace.

I should think that nursing is connected with the world's peace in

a broad sense. And you ladies, living on the soil of peace-loving people and devoting your lives to such noble and most humane work, will sooner or later move the whole world toward peace and prosperity. I have no doubt about it.

Let me thank you again for the honor and privilege you have given to me. I will never forget this noble gathering and I do wish you happiness, success, and prosperity.

A rising vote of thanks was given Baron Ozawa at the conclusion of the interpretation of his address.

MISS DELANO.—There is one phase of the Red Cross work which scarcely comes in here, but I would ask especially to present to you the possibility or the fact of our rural nursing service, which is soon to be organized, and the possibility of the need of many nurses for positions in this service. May I urge upon those of you who may contemplate taking up this work, that at the earliest moment you place yourselves in line for some form of experience in nursing of this kind. If this movement is established, we shall need hundreds of nurses throughout the country. I cannot impress upon you too much the importance of carrying this work into the neglected communities; it is work that I am sure will be near the hearts of all of us. Those of you who may consider taking this up, please make arrangements as soon as possible to communicate with the Red Cross and place yourselves in line for experience or instruction.

## **REPORT OF THE ISABEL HAMPTON ROBB MEMORIAL COMMITTEE (ABRIDGED)**

THE Isabel Hampton Robb Memorial or Educational Fund has been in existence for two years and is designed to furnish scholarships to nurses who wish to prepare themselves for special lines of work in the nursing field. The work up to the present time has been experimental and the committee is endeavoring to evolve a practical plan for its use. It has no precedent to guide it, and it may perhaps be several years before the plan is fully developed. The committee is now organized, with a president, secretary, and treasurer, and there is a sub-committee, of which Miss Nutting is chairman, whose special task has been to work out the conditions for awarding the scholarships. This sub-committee recommends that for the present these scholarships shall be awarded to nurses who wish to specialize either as teachers in training schools or for school nursing. At present Teachers' College is the only one

offering such courses, and the first scholarships will be awarded for that place.

The committee felt that as soon as practicable opportunities should be sought in other institutions, whether universities, schools of philanthropy, or hospitals offering special forms of post-graduate work, and that at a later date provision should be made for the study and investigation of certain special problems in nursing, not only in training schools and hospitals but in the professional field of private nursing, management of directories, rural nursing, sanitary inspection, etc. Such an investigation the committee has already begun and hopes to make progress in during the coming year.

The requirements for applicants as briefly formulated are as follows:

The candidate for an Isabel Hampton Robb Scholarship must be a graduate of an approved training school. It is desirable that she should bring some other educational advantages beyond those obtained in the ordinary high school.

She should be registered if registration is available in the state in which she lives.

Endorsements should give abundant evidence of a high standard of work both in theory and practice, and of such personal character as would enable her worthily to hold and use the scholarship, and to merit the distinction of being selected as an Isabel Hampton Robb scholar.

ISABEL McISAAC.

(The Robb Scholar in School Nursing for the year 1912-13 is Cecelia A. Evans, Chicago. The other scholarship will be announced in the JOURNAL as soon as it is awarded.)

#### REPORT OF THE TREASURER OF THE FUND

(Mary M. Riddle)

May 24, 1912, Balance in Merchants Loan & Trust Co. ....	\$3575.88
Nov. 18, 1911, Paid on investments in interest bearing bonds, mortgages, etc. ....	7168.55
Printing Robb Memorial Calendars .....	385.00
Rent of safety-box, incidentals, postage, printing, etc. ....	311.43
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Total accounted for by bank, as deposits or interest .....	\$11,440.86
Acknowledged through JOURNAL .....	10,985.15
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Difference in favor of fund .....	\$455.71

Difference due to interest which during the year amounted to \$219.74 and to small deposits made directly to the bank and not through the treasurer, and of which the treasurer had no knowledge until seen in bank's statement.

MRS. COLVIN.—We have a paper on the programme by Miss Julia C. Lathrop. Since promising to give us this paper, she has been, as you know, appointed chief of the new Children's Bureau. That business has called her to Washington and she has asked Miss Elnora E. Thomson, of the Illinois Society for Mental Hygiene, to read it for her. I am sure that you will be glad to greet her in Miss Lathrop's place.

MISS THOMSON.—It is with regret that I read Miss Lathrop's paper, because Miss Lathrop's personality back of the paper would mean a great deal. Those of you who know her can think of that. The others I wish might some time meet her.

## THE APPEAL OF THE INSANE TO THE NURSING PROFESSION

BY JULIA C. LATHROP

FROM the day when Nebuchednezzar was fed with grass like an ox, and his body was wet with the dew of heaven, until the present, there seem always to have been individuals recognized as insane, but history shows slow recognition of this insanity as a disease.

Evidently the Book of Daniel records the common belief that madness was a punishment for fearful sin—recovery a result of repentance and the grace of God. On the other hand, it would not be difficult for the modern reader to construe the story of Nebuchednezzar as one in which the cure was unconsciously secured by life beneath the open sky. We are told that the ancient Egyptians and the Greeks sometimes treated insanity by means of recreation and healthful employment and by the use of music, and that they trusted to kindness rather than punishment.

In the Mediæval Period in Europe human gentleness was at a low level, and authentic records show that during the Middle Ages the insane were considered to be possessed by evil spirits which could be exorcised only by torture or the death of the victim, but we have come to see that what seems like malicious torture was really the result of a delusion on the part of the sane, and was intended as a therapeutic measure. Although the notion of demoniacal possession gradually subsided, the insane were still kept in dungeons or prison-like asylums, often under restraint of ingenious cruelty; and this condition, as you well know, lasted well through the eighteenth century. Indeed, the dread of the insane which still survives may be charged to the clinging superstition of demoniacal possession.

A significant exception to the general condition of the insane in this

later period is found at Gheel, Belgium, where the insane lived centuries ago, as they do to-day, quite freely in the families of the villagers. Brought there originally, as you know, by the belief that the sacred shrine of St. Dymphna would cast out the demons which possessed them, many insane came from all over Europe, and many remained, fearlessly cared for by the villagers, to whom the care of the insane gradually became an inherited occupation, and who, probably because of the early religious sanction, have displayed through the ages singular sagacity and gentleness in dealing with them. When Pinel for the first time was ordering off the shackles from mad men at Bicetre, one of Napoleon's marshals reported that he had discovered a most marvellous thing in this same Belgian village—insane patients living with the villagers, working with them in the fields, going to church with them, and treated by them in kindly and companionable fashion.

That great group of European physicians who in the last year of the eighteenth century independently recognized insanity as a disease which must be treated by other means than stripes and shackles—Pinel in France, Tuke in England, Chiarugi in Italy—marked a wonderful epoch, and the nineteenth century shows much progress of medical treatment, especially in the building of institutions for the insane and in the taking over as a public responsibility the care of mental patients. But with all that medical science and a humanitarian interest have thus far done to soften the lot of those afflicted with what we call insanity, the number of the insane has steadily increased. Whether or not insanity as a disease is increasing is a nice statistical inquiry which we will leave to the experts; but the obvious and indisputable fact is that the actual number of insane patients to be cared for at public expense everywhere is increasing, and in most countries it is increasing far out of proportion to the general increase of the population. In Illinois this accumulation is perhaps 300 patients a year at present. In New York it is 700 or 800. That is, by the end of every year this country has about 5000 more insane patients to care for than it had at the beginning.

Medical interest has only slowly focussed itself on this ailment. Most medical schools in this country, we are informed, still have no instruction in the care of the insane—certainly no compulsory courses. In this respect Europe, especially Germany, Switzerland, and Italy, can show much better progress. The university hospitals of Germany and Italy are centres of study and research, and demonstrate that a certain proportion of recent cases yield to individual care, whereas if sent to the average hospital they would simply encumber the wards with more chronic patients.



We all realize that no other ailment entails such wretchedness upon the patient and upon his friends as does mental disease. As Dr. Podstata has well said, "Probably the very large majority of people would rather see their relatives physically dead than afflicted with mental decay or some horrible perversion which totally changes their personality."

The necessity of laboratory research and of medical training is acknowledged, and costly equipment is being provided for this purpose in connection with the newer public hospitals. Doubtless we shall some time reach a continental standard in medical schools so that every medical student must study the subject of insanity for six months and pass a searching examination upon it.

The foregoing is preliminary. I have wanted to show a growth—slow, unequal, but genuine—in the recognition of insanity as a disease. Here is my point: as the general hospital has only prospered and become a really curative place since trained nursing has developed, so it is not too much to say that the care and the cure of the insane is languishing because the nursing profession has as yet not listened to the appeal of these people. For myself, I believe that the intelligent participation of the nursing profession in the care of the insane is the most necessary next step to be taken in this matter.

The usefulness of the nurse, naturally, is seen first of all in a genuine nursing organization in the hospital for the insane. There is sometimes a certain zest in seeing a thing away from home, and so I always think with pleasure of a journey made six years ago to Scotland and a week spent in the asylum at Lambert, where the superintendent, Dr. Robertson, with painstaking ingenuity had secured a true hospital organization. I remember the simple way in which he said: "I always say to my people when they go to visit elsewhere, 'Do not come back and tell me of our virtues, but tell me some point at which we can make this institution more like a true hospital.'" His institution had a trained nurse in charge of the whole house service, not only the nurses and attendants, but the detail of the household and housekeeping, and the occupation of patients, applying to men and women alike; an admirable plan, which unfortunately becomes difficult of application in our enormous institutions. Under this superintendent, who was known as the head matron, was a staff of trained nurses called assistant matrons, who were in charge of groups of attendants and were constantly supervising the care of the patients as well as taking direct charge of certain acute types. An assistant superintendent made rounds through the night. The hospital was always under the eye of a trained nurse.

This organization has been followed in some degree in Illinois state hospitals. Trained nurses are now in charge as superintendents, and all attendants are required to take one year's training. This can count as the first year on a nurse's training, if desired; and the second year is provided in the insane hospital, while the third is taken in some general hospital, as provided by the Illinois law. In like manner, the state hospitals have received nurses from general hospitals who elected a special course in training for the care of the insane. I shall illustrate by speaking of the work of a new group of nurses in Chicago, who represent the Illinois Society for Mental Hygiene. I think I need not explain to this assemblage that the Illinois Society for Mental Hygiene is one of what we trust may be a nation-wide group of independent societies, all inspired by the National Committee on Mental Hygiene, whose secretary is Mr. Clifford W. Beers, author of "A Mind that Found Itself." This convincing human document I feel sure that you have read, and that you have been touched by its eloquent appeal to your profession.

The executive officer of the Illinois Mental Hygiene Society is Elnora E. Thomson, a trained nurse, who is not only a graduate of one of the best general hospitals in the country, but has also had experience under an able alienist at one of the state hospitals for the insane of Illinois.

The Illinois Society for Mental Hygiene, which is now about three years old, began its work by an inquiry into the conditions surrounding the commitment of insane patients in Cook County, and published a monograph by Dr. Bybee embodying his report, which showed that of the 2000 patients annually received at the Detention Hospital in Cook County about 65 per cent. were brought in by the police, frequently after preliminary detention as criminals in a police station. Dr. Bybee dwelt on the great terror with which this experience is fraught for such patients, and cited the instance of one.

"C. D., a patient of foreign birth, suffering from acute alcoholic hallucinations. He was unable to make himself understood, because of his inability to speak English, and showed great fear and agitation. He was excited and considered himself in imminent danger. He thought himself pursued by enemies who wanted to tear him to pieces. This man had been making every effort to escape from his supposed pursuers in the neighborhood where he had been employed and the police were notified of his condition. He was taken only after a chase. The officer found him in the back part of a grocery store hidden behind boxes with which he had barricaded himself. He was treated as an offender of the law, and not as a sick man, and was returned to court by the city

physician and finally sent to the Bridewell. The treatment of this helpless bewildered foreigner as an escaping criminal must have greatly increased his delusion of persecution. In this case an ambulance, with physician and orderlies instead of a patrol wagon with police officers would have conveyed to the man and the bystanders a notion of sickness instead of crime. The ambulance service would have been equally effective and would have cost no more. If a well man were to find himself thus chased down and imprisoned by foreign police without being able to obtain any reason or explanation he would probably suffer severe damage from the nervous shock. How much more profound must have been the injury to a man already mentally unsound!"

Again, Dr. Bybee emphasized the importance of absolute truthfulness in dealing with the insane:

"It is impossible to overestimate the importance of absolute truthfulness in dealing with the insane. Injurious as the police custody must be, it does not necessarily result in the sort of injury to the patient which may be done by the well-meant deceit of affectionate relatives. An illustration is the following case: N. W., thirty years old, silly, delusional, profane, and vulgar. He was arrested the evening before for writing vulgar and disagreeable letters to a young woman in his neighborhood. The neighbors and his mother were aware that the young man was insane, in fact his mother had signed his parole, which had not yet expired. The mother requested the police to arrest and return him to the hospital at Dunning, giving as her reason, 'I do not wish my son to know that I wanted him returned to the hospital.' This man was obliged to remain in the Desplaines Street station from Monday to Thursday. This unwillingness of his mother to manage the situation herself made it necessary for him to stay in the station these four days, as the police would only send him to Dunning at the time the county patients were sent."

*Cases of Escort.*—That it is possible for nurses to manage these cases without uniformed police, has been proven by the experiences of the Illinois Society for Mental Hygiene. The following cases of escort will illustrate:

Mrs. J., referred from the Juvenile Protective Association as being not quite normal mentally, was visited several times and taken to an alienist for examination, who found her to be definitely insane. The husband told of violent attacks which his wife had at times and felt that there would be great difficulty in taking her to the Detention Hospital unless his advice was followed, which was to tell her that she was going to the police station to swear out a warrant for his arrest (her delusions

all centering about him). It was explained to Mr. J., that it was very bad for the patient to deceive her in any way and that she must be told exactly where she was going and why. This to him seemed very rash, but was justified by the result. The nurse went to the house with a plain clothes man, told the patient that her family and the doctor thought that "her mind was sick" and that we wished her to go to the Detention Hospital where the doctors would have time to observe her and where she would appear before the County Judge to whom she could tell all of her troubles. She said, "Very well," put on her things and went over to the hospital most peaceably in the street car. Another instance:

Mrs. Q., was to be recommitted, having been in Dunning previously. Her family stated that at the former commitment it required four policemen to take her from the house, and while they were anxious to have the nurse attend to it this time, they were so dubious as to her success that when she arrived with a carriage and a plain clothes man, there were three uniformed policemen in front of the house. The nurse who had previously visited Mrs. Q. told her that the family and physician thought she should return to the hospital and that the nurse felt she would rather go with her than with the police in the patrol wagon. Mrs. Q., to the surprise of her relatives, said, "Of course," and in a most dignified fashion walked out to the carriage and gave absolutely no trouble.

*Commitment.*—At the present time in Cook County most of the insane patients are received at the County Detention Hospital, and their cases are heard in chambers before a Judge of the County Court, and I regret to say, before a jury. Heretofore, it has been extremely difficult to obtain any intelligent statement regarding the family and social circumstances surrounding the cases brought in; but now, under the direction of Judge Owens, nurses are employed by the county who, under the supervision of the Mental Hygiene Society, visit the patients brought into the Detention Hospital and report upon the significant facts in the family and social life of each one. Duplicates of the society's reports are sent to the institution to which the patient is committed, and, it can be said without exaggeration, form for the first time an intelligent basis on which the superintendents can act, in regard to the family and surroundings of the majority of cases.

*Placing-Out or After-Care.*—Thus the nurse, knowing the family condition from which the patient enters the institution, can aid in readjusting the convalescent patient to his world again. The after-care of patients is of the highest importance, for the sake of the patient and

the public, and while it should be managed in large part by the public hospitals themselves, the demonstration must be made by private efforts such as are now going on under the New York State Charities Aid Society, Connecticut Society for Mental Hygiene, and the Illinois society.

It is obvious that every institution has a certain proportion of patients who could succeed outside the institution if they had the right sort of surroundings. For years Scotland has boarded out twenty per cent. of her insane, the hospital sometimes retaining a direct supervision of the patient and always receiving him or her back whenever necessary. The Lambert Hospital, for instance, at the time I visited it had 700 patients, but its register showed 1000—about 300 being outside, either at their own homes or in homes where they might be boarded by parish authorities.

It may be said in reply to all this that it does not require the service of a highly trained nurse in order to visit a patient in the home, or get him a job, or to take him from his home to a police station, and that anybody could do this who wanted to; that certainly such work is not done by trained nurses in those parts of the world where boarding-out, for instance, has been most successful. Perhaps it is our American love of specialization, but certainly we seem to have discovered in the trained nurse a person who, if she be a woman of tact and human wisdom as well as a disciplined and educated person, exhibits particular qualifications for all sorts of humanitarian work which for years has been done badly by those who are *unco' guid* but whose lack of training has made us slow to realize that one reason why humanitarian effort resulted so poorly was that the work was undertaken by people so poorly equipped by training and experience.

*Cases of Placing-Out.*—The following is cited as an example of such a case: Miss F., a young woman, had been in a hospital for the insane for ten years, her family feeling it not safe to take her out. However, when they heard of the establishment of supervision on the outside, they decided to give her a trial. She was visited in the home of her sister for a period of three months, then as there appeared to be irritating conditions in the home, while the patient had no return of the mental difficulty, it was deemed wise to place her outside. A position was found for her in an orphanage where a course in the care of children was given. This course Miss F., has now almost finished, and while she has had two very serious attacks of physical illness, has had no recurrence of her mental symptoms.

Another: Mrs. T., a middle-aged woman, had spent five years in a hospital for the insane. She had no dangerous tendencies, and while

not entirely recovered it was deemed wise by the authorities to give her a trial outside. She is an accomplished seamstress and was placed where she could use her knowledge and yet be under the supervision of a trained nurse. She has been out of the hospital six months, has practically overcome her delusions and is now capable of making her own way independently, already having a small bank account.

*Prevention.*—More important really than the daily routine of cases which come to the County Detention Hospital, or than the convalescing cases returning from the great institutions, is the constantly increasing number of appeals from those who in themselves or in their relatives see a threat of mental breakdown which they wish to fend off and before which they find themselves bewildered and helpless. Such appeals give the nurse an opportunity to secure medical advice for the patient, to secure some alleviation of the family circumstances which may be exerting unendurable pressure upon mind and will, and to begin in a small way that great service of prevention which is, after all, the final service of the trained nurse. It would be an error to suppose that only the appeals of the poor come to the society. People with money are quite as wretched and bewildered, and quite as grateful for help; and not infrequently the services of the society have been rewarded by gifts of money as well as thanks. To no one, probably, more than to the trained nurse who knows the problem of the insane, do the great words of Florence Nightingale appeal. You will remember that in what might be called her final message she says that the great need of nursing is not to cure the individual case, but to set up standards of health and normal living by all sorts of expedients of example and inculcation.

*The Private Hospital.*—Curiously enough, countless millions have been bestowed by private charity for the organization of general hospitals for every type of obviously physical ailment, yet almost nothing has ever been given for the care of the insane in private institutions; and as there are many insane patients of wealth, whose condition requires institutional care, private hospitals have grown up on a commercial basis, and it is not strange that the type of criticism voiced by Dr. Allen Starr, of New York, can be made against them. This aspect of the need of the insane is one which I think should be called to the serious attention of the nursing profession, and I think Dr. Starr's convincing letter cannot be too often quoted:

“TO THE EDITOR OF THE MEDICAL RECORD:

“Sir: The first steps toward the correction of any abuse or evil are publicity of the facts and the awakening of public interest; after this the pressure of public opinion is sufficient to bring about a reform.

"I desire to call the attention of the medical public, through your columns, to an abuse which should surely be remedied. I refer to the lack of proper nursing and care of patients in private lunatic asylums in the vicinity. First as to the facts:

"CASE I.—A lady of wealth and refinement, who became insane in Germany, was brought home by her family, attended by skilled nurses, and, for a time, was kept in her home. She was then sent to Asylum A, where she remained for three years. During this time her nurses and companions were women obtained from the Young Woman's Christian Association of this city at a cost of twenty dollars per month—decent persons, who were wholly untrained in the care of lunatics, and incapable of giving the mental direction and help which a good trained nurse can give. Subsequently, on her removal to her home and on being put in charge of two skilful nurses, a marked improvement occurred up to the time of her death, which took place from an intercurrent disease. She was charged \$100 a week at the asylum, though the food was that of a ten-dollar boarding house.

"CASE II.—A young lady, who became acutely maniacal, was sent to Asylum B for care. Her nurses were dismissed and she was placed in charge of an Irish servant and a young French woman who had failed as a teacher and was willing to take a place as nurse. Neither of them had experience, and the days were passed in constant struggles between them and the patient. For months this condition went on, though the family was anxious to have extra nurses and was ready to pay for them. They were charged \$75 per week. The patient had to be fed on milk and eggs only.

"CASE III.—A lady suffering from chronic mania has been ten years in one institution, Asylum C. She is happy and able to be diverted. By accident I discovered that she was regularly locked into her room by her companion at 8 P.M., the door into this companion's room being thus closed till 8 A.M., while she was often absent. Considerable extra expense to the family was incurred, because the attendant had a large adjacent communicating room.

"CASE IV.—A lady suffering from melancholia had been well cared for by two trained nurses and was improving, when it was thought best to send her to Asylum D. On her admission her nurses were discharged, as the physician 'preferred his own nurses.' Two weeks later I found her locked in a room with a good-natured, ignorant Irish girl, who informed me that she had come to the asylum within a week and had never done any nursing before. As proper companionship is essential in melancholia, I remonstrated with the physician, but no attention

being paid to the protest, I removed her, and at home, under proper care, she recovered.

"CASE V.—A gentleman of means and high mental ability, who had an attack of mild melancholia, was sent to Asylum E. He had had a most faithful male nurse, intelligent, sober, and capable of managing him perfectly. Three days after his admission to the asylum this man was unexpectedly discharged at night, and the patient was put in the care of a rough, dirty Swede, who had been hired that very day, and had never before acted as a nurse in an asylum. To my protest the physician replied that he 'could trust only his own trained nurses—others were liable to drink and disobey orders.' Two weeks later my patient was found completely terrorized by this man and complained bitterly of his treatment and lack of companionship. He saw the doctor for fifteen minutes daily, but was with the attendant all the time. The man's habits were filthy, and he was better fitted for a stableman than for a nurse. The patient offered to pay for the services of his former nurse, and to pay his board in addition to the \$50 per week which he paid for his single room. This proposition was declined. Hence I removed him to another institution, where he is being properly nursed and is recovering rapidly.

"Here are five cases in five different private asylums near New York, all of which have a good reputation. In all, the same abuse exists—unintelligent care is the rule. In all these places the doctor in charge sees the patient once a day or every other day, as all have offices in New York. In all, the food is plain but wholesome, and served unattractively and, usually, cold. In all, prices from \$50 to \$100 a week are charged. Double the charge would have been cheerfully paid for skilful attendants in every case mentioned.

"Secondly, as to the remedy:

"It is well known that at Bloomingdale Asylum there is a good training school for nurses, from which graduates come out every year competent to take care of cases of mental disease. If it became imperative upon these asylum physicians to employ trained nurses of good capacity, they could be found and supplied. But since there is no demand made, excepting by patients whose statements are not accepted, or by relatives whose protests are disregarded, the present evils continue. Many physicians wash their hands of a patient as soon as he is consigned to a hospital, and if they do visit him, it is soon made clear that such visits are regarded as an interference by the doctor in charge. It seems evident, therefore, that public opinion should be aroused in this matter, and I hope this statement of facts of my personal knowledge may



awaken such a demand for the reform of these abuses that good may come of this protest against an existing condition.

“Yours respectfully, M. ALLEN STARR, M.D.”

Why should there not be developed by nurses themselves a new type of nursing home for the insane, by merely carrying one step farther the rest-cure, sanitariums, etc., now successfully carried on by nurses? A differentiation of care—even hospital and sanitarium care—is needed.

*Difficulties.*—First of all, the greatest difficulty in bringing the influence of the nursing profession to bear upon the public care of 200,000 insane in the institutions of this country is the sinister influence of politics which still exists in most American institutions. Even in the states where civil service laws have been secured by advanced public opinion, and where ostensibly politics no longer enters into the question, there is still too often a dread of political interference which makes for timidity and indifference, and the freedom and ardor of the best type of professional spirit is lacking, so that the ablest physicians, even if for a time they are secured for such institutions, are likely sooner or later to find themselves drawn back to the greater independence of private practice. If this be true of physicians, it is truer still of nurses. The other day one of the ablest of the younger superintendents left an institution where her salary and living conditions were very comfortable, for a visiting nurse's place of arduous toil and low pay, simply because the professional discouragement was so great she could no longer remain. What one might call the vis inertia of two generations of political control, the vis inertia of public indifference, are the great difficulties in the way of making a public institution for the insane inviting to the nursing profession.

Again, on the side of the training of the nurse, the *overloaded curriculum* of the average training school for nurses may well give every superintendent pause at adding more to the burden of the students. Dare a layman ask if there may not be developed some way of so organizing the work of a hospital that it shall become more truly a teaching institution, demanding less actual physical labor of pupil nurses in order to get the daily routine work of the hospital accomplished? Can we not develop special courses to fit for special work for care of the insane, for the hospital, for the private case, and for visiting (like nursing homes)—managed by nurses, so that the constant care would be intelligent and kindly? Mr. Beers has shown what exquisite sensibility to an irritating person may be hidden beneath the apparent indifference or violence of an insane mind. A man of wealth and refinement, sent to a

costly private institution, whose charges ostensibly were based on excellent personal care, said that his nurse might have been at home his stable boy. The sense of human understanding is what the mind which apparently has lost the power of understanding most needs.

*Conclusion.*—Will not the nursing profession recognize the care of the insane as in their province—to be developed in various ways:

1. By hospital organization of public hospitals.
2. By establishing co-operation between public hospitals for the insane and general hospitals, so as to give pupil nurses practical courses in the care of the insane.
3. By visiting nursing for all types of insane not in institution.
4. By private hospital or sanitarium care, under nurses.

#### DISCUSSION, HELEN C. SINCLAIR.

The "appeal" of the insane has surely reached us all. We consider ourselves members of a humane profession, and yet we have almost entirely ignored the cry of the insane. If the mentally sick are to have proper care, that care must be given by the thoroughly trained mental nurse. It is only too true that the mentally sick are left to the care of women who are absolutely unfit to take care even of the physically sick and are much less fitted to take care of the patient who is suffering mentally. Not only do we need more training schools in our state hospitals, but we must have higher standards in the training schools we have if the patients are to be properly cared for. A more thorough and broader training is necessary, especially should the mental nurse be thoroughly instructed in occupations and amusements—that instruction should be given by a thoroughly competent teacher.

Affiliations with general hospitals are absolutely necessary, also inspection of state hospital training schools. The careful selection of pupils should be made by the superintendent of the training school. It is only by higher standards we can retain the higher type of woman in our state hospital training schools, and it is only the woman of higher type who can do the great work of nursing the insane according to our modern ideals. The fact that nurses have much to go through with who take up this work of nursing the mentally sick, ought not to deter the nurse who is thoroughly imbued with the humanitarian side of her calling from entering this field of work. All who are interested in suffering humanity must rejoice at the very excellent work which is being done by the Illinois Society for Mental Hygiene.

If nurses knew more about the great work of caring for the insane

they probably would not be so unwilling to take up the duties and responsibilities which alone belong to the nursing profession.

The convention adjourned at this point for the special conferences on private duty nursing, mental nursing, and state registration laws.

(Reports of the special conferences will be found at the close of the proceedings of the general sessions. Some of the papers and discussions read at these conferences and at the joint evening meeting will be published in the JOURNAL as rapidly as space can be found for them.)

#### THURSDAY AFTERNOON SESSION.

The meeting was called to order at 2.30 P.M. by MISS NICHOLS.

### TEACHING SEX HYGIENE

By EDITH M. HICKEY, R.N.

THE rapid increase of venereal disease, moral delinquency of both juvenile and adult, insanity, and the alarming increase of imbecility have at last awakened educators, physicians, clergymen, and social workers to the necessity of teaching our youth concerning sex hygiene. But how shall this heretofore carefully avoided, watchfully protected "gap in education" be spanned? All thinking people will agree that the parents should teach their children; but deep-seated, traditional conviction that such instruction is improper, born of centuries of reserve on this most important subject, has kept parents from giving this knowledge to their children and resulted in the youth turning to other, oft-times vicious and disreputable sources.

A great many times the reason children go to outside sources to ask questions is because they have not a working vocabulary. They do not know how to ask mother and father questions. They know the language of the street but they do not know your language. They know how to ask questions about those things in their own language and that is the language they have heard; the first thing we need to do is to teach the children a working vocabulary along this line.

Some of our educators are now slowly groping out of the shadows of ignorance and prejudice and are advocating the proper teaching of sex hygiene to children. It necessarily follows that to accomplish the proper teaching of sex hygiene to the young they must take the parents into their confidence. A publicity campaign among parents must be inaugurated, that they may be awakened to their responsibility. Such a

campaign for education along lines which, from time immemorial, have been considered immodest and not to be discussed, must take on the aspect of a crusade or holy war; not to be fought by right of might but by right of knowledge against ignorance, with health, cleanliness of mind and body, and the sanctity of home arrayed against disease, impurity, and the general wreckage of family and life that result from the ignorance at present prevailing.

If history is not to repeat itself and 80 per cent. of our young men contract venereal disease before reaching the age of thirty, with a consequent result that 60 per cent. of their wives will go to the operating table, we must dispel this night of ignorance and let in the light of truth.

Sex hygiene should be taught in our public schools from the first grade up, but are we ready to have this subject placed in our school curriculums? Parents are not ready; are the teachers? We must have their co-operation if we place this subject in our schools; therefore, we must teach not only the parents but the teachers first. I know of no better work along this line than that which has recently been started in the northwest.

The Social and Moral Hygiene Society of Seattle has held parents' meetings in every schoolhouse in the city this spring. Not only parents but teachers were invited. There have been fifty-eight meetings, with an average attendance of eighty parents at each meeting. The principal introduced the two speakers, a layman, who discussed the social or economic side of the question, followed by a physician who gave a technical address. Parents were found eager to learn, especially were they eager to be taught how to teach their children the truth. These meetings are to be followed by group meetings of fathers and their boys, to be addressed by men physicians, and others for mothers and their girls by women physicians, these to be followed by a third series for parents, elaborating on "the how and the when."

Recently a series of letters was sent to the business men of the city, telling of moral conditions and what must be done to remedy the same. These letters were written by a lawyer, two physicians, and the judge of the juvenile court, the latter giving reports of specific cases, showing the overwhelming need of sex education. Then the business men were called together in a mass meeting, told the plain facts, and asked to give their moral and financial support to a campaign for sex education.

During the last month we had in our city a "Know-your-city" Institute, lasting a week, which was devoted to the study of social and moral hygiene. The programme was a symposium on this live topic,

contributed by our leading physicians, educators, and social workers. Every phase of the subject was freely and frankly discussed, and the public invited to the meetings.

Portland has gone still further, having completed a second round of parents' meetings this year. They have also met with keen interest and found parents eager to learn. The Portland society has succeeded in getting the *Oregonian*, the leading and most conservative morning daily in the northwest, also the *Telegram*, an evening paper, to discontinue all quack advertisements. This has cost the *Oregonian* \$50,000 per year, but think of the educational victory for social hygiene and consider what such a newspaper course means in protection to our boys and young men!

The Spokane society has been so active in its educational campaign that it has persuaded the Washington State Educational Board to adopt a course in sex hygiene for the Cheney State Normal School. All students of this school are required to take this course and get their credits before being permitted to graduate. This is certainly an excellent beginning toward the proper filling of this "educational gap."

Some sex educational work is being done in Seattle that is worthy of more than passing notice. Dr. Maud Parker, medical inspector of the Broadway High School, has done a quiet but noble work among the girls of that institution. She has given a course of lectures on general hygiene, and has so interwoven sex hygiene into the lectures that unconsciously the girls have absorbed the wholesome truths concerning themselves without shock or embarrassment. Were the girls asked, they could not tell where the hygiene of bathing left off and that of menstruation began, for no differentiations were made during the lectures, for so wisely has the doctor taught that she has never made them conscious of knowledge they received.

Dr. D. C. Hall, men's physical director of the University of Washington, is also doing a quiet, unique, but wonderful work with his men along these lines. Every entering freshman reports to him for a thorough physical examination before entering his classes, and the findings of this examination are kept in a book where inquiring relatives may read. If a young man is suspected of loose morals or gives evidence of physical disability, he is required to report to Dr. Hall and is not permitted in his classes until he has done so. This careful supervision of the men of our state university has been of inestimable value to them physically and morally, and there are mothers in our state who feel that they can never repay Dr. Hall for preventing their sons from sowing the usual crop of college "wild oats."

I wish to say here that waiting until boys reach college is often too late, for many have already set foot on the broad path that leads to disease and destruction, therefore this work should begin with entering high school boys in connection with their gymnasium and athletic work.

Since Seattle has had a woman on the library board, it has been her ambition to make the library a real help to women, and to mothers in particular. She has suggested that it could serve no better purpose than to lend its lecture halls to groups of mothers whom the school nurses would address on hygiene, specializing on sex hygiene and teaching the mothers how to teach their children, getting them so interested in the moral and physical welfare of their children that they will read the books on these subjects that have been so carefully selected.

Another meritorious work of these three social hygiene societies has been the distribution of safe and sane literature on the subject, the compiling of lists of proper books for parents and children, and seeing to it that these books are in the public libraries and on sale in the cities.

The list of books is as follows: For boys of nine to fourteen years of age: "The Strength of Ten," Winfield S. Hall, M.D.; thirteen to eighteen: "From Youth into Manhood," Winfield S. Hall, M.D. For girls thirteen to twenty-one years of age: "A Plain Talk with Girls about their Health and Physical Development" (Circular No. 4, published by the Oregon State Board of Health for free distribution), followed by "Confidential Talks with Young Women," by Lyman B. Sperry, M.D. For young men, seventeen to thirty years of age: "Reproduction and Sexual Hygiene," Winfield S. Hall, M.D.; "The Social Evil of University Life," Robert N. Willson, M.D.; also "The Young Man's Problem" (Educational Pamphlet No. 1 of the American Society of Sanitary and Moral Prophylaxis). For parents and teachers: All the preceding books and the following: "The Renewal of Life," Margaret W. Morley; "The Training of the Young in Laws of Sex," E. Lyttleton; "The American Boy and the Social Evil," Robert N. Willson, M.D.; "How My Uncle, the Doctor, Instructed Me in Matters of Sex" (Pamphlet No. 5, American Society of Sanitary and Moral Prophylaxis).

Following the creation of a community sentiment for sane and scientific teaching of sex hygiene, I believe a carefully graded course should be adopted in the public schools, the work in the elementary schools to be done by specially trained teachers, preferably nurses, and in the high schools and colleges, in segregated classes, by men and women physicians.

I think that no better outline for such a course could be prepared

than the one prepared by the Educational Committee of the Minneapolis Vice Commission in their report of 1911.

"I. The subject must be taught as intimately and obviously related to other subjects in the curriculum—that is, natural history, biology, etc. To detach the subject of sex and teach it to young children as an unrelated course is not only illogical and unscientific, but it is to give it undue prominence in the childish mind.

"II. Instruction must be begun in the earliest grades as a part of nature work and carried through the entire school period, its complexity increasing with the growing demands of the child. The child should be encouraged to ask questions and make its own observations. It naturally follows that the teaching should be accompanied by no more sentiment or vagueness than any other natural history subject.

"III. With the same end in view at an early age a systematic attempt should be made to inculcate within the child a great respect for beauty and potential possibilities of the human body, the profound importance of habits both physical and psychological, and the necessity for a clean, well-developed body for efficient manhood and womanhood.

"By the time the child attains puberty he should have a clear general knowledge of the plan of reproduction gained almost wholly from his study of comparative anatomy in an evolutionary form, from the lowest unicellular type to the complex vertebrates. He should also have gained by this time a good working vocabulary.

"Up to this time it would seem most natural that this subject should be taught by the class teacher. Through her knowledge of the children she should be able to distinguish the most precocious and by the aid of the medical inspector, or, better, the parents, give to these the special instruction they demand. She should also be able to distinguish those children who by reason of heredity or environment form a species of degenerates, one of whom may exert a most demoralizing influence upon the sex education of an entire classroom. This ability would obviously necessitate very careful training on the part of the teacher. Such training should, therefore, be an essential part of every normal school and university.

"IV. At puberty special care should be given to the peculiar nervous and mental phenomena of this period. The co-operation of the medical inspector is here most important. Parents should be especially warned of the significance and dangers of the most important phase of all life.

"At this time a course of citizenship should be inaugurated and an attempt should be made to develop an acute sense of the social and race consciousness, with the idea of preparing the child for an understanding of the sociological significance of sex.

"V. Throughout adolescence the youth is particularly sensitive to psychical and idealistic appeal. In this season during high school the study of eugenics and heredity should be introduced, special stress being laid upon the responsibility of the present generation for the next, the rights of the unborn. The relation of sex to all great creative art, such as painting, music, and poetry, should also be made clear.

"At the same time the youth is old enough now, in the latter half of his high school course, to assimilate a more technical study of the physiology of reproduction, the dangers of precocity along these lines, of masturbation and venereal diseases. To the girls should be given a thorough course in the physiology and hygiene of menstruation. All this advanced instruction would gain authority and dignity if given by well-trained men and women of the medical profession."

Wedekind's drama, "The Awakening of Spring," which every parent and teacher should read, has practically forced sex education into the curricula of all the schools of Germany.

Probably the most successful and artistic attempt to teach sex hygiene in the public schools is that of Miss Miller, curator of school gardens, in Cleveland. Through the medium of the garden she teaches botany and gives interesting work in cross fertilization; this naturally leads to biology and to sex hygiene. She says that she has never seen a look or sign to indicate that the children regarded her lessons in a light or impure manner. "Frankness and sincerity with the children," she says, "will bring forth their sense of honor and a sacred regard for themselves and their parents."

In closing, I have but one more suggestion to offer. With all our scientific teaching on this subject, let us not forget the spiritual side; let us teach the children to reverence their bodies; to remember that they are the handiwork of a great Creator, and if they would be worthy of the great and beautiful gift of parenthood, they are to keep their minds and their bodies pure as was the holy of holies in the temple of old.

#### DISCUSSION, MARY WYCHE.

The most momentous problem that this society has ever been called upon to consider is that of how we shall proceed to banish the plague that has existed for so many years and extends to all nations, a disease that causes so much suffering of the innocent women and children.

Let us put ourselves on record to-day to wage a war over this broad land of ours against the spread of this social evil. Let us turn on the light of knowledge and dispel the ignorance and superstition that exist. Let us study the subject of sex hygiene until we feel impelled to teach



it to groups of women wherever we can. Let us demand that a course in sex hygiene be added to the curricula of our high schools and colleges.

Education is cheaper than legislation, which has been found wanting wherever tried. It is our bounden duty to study and teach the subject of social purity. Then let us co-operate with any society working along this line.

MISS NICHOLS.—We should like further discussion. This is a very important subject at this time because nearly every one turns to nurses to do this work for them.

DR. MCCONNELL.—This subject has a great deal in it, not only to the nursing profession and the medical profession, but to the laity. They are taking it up in the schools in my own place. I am a member of the Sanitary Prophylactic Society. I have been reading the literature, and the point emphasized is that this teaching should be interwoven with hygiene. So many parents object to having their children taught anything on social lines or about the origin of life. We had Dr. Hall to talk to the women and men of the community. One of them said: "I don't want you to give my children any of these tracts and things. I do not want them to know anything about this subject until it is the right time for it." They probably know more than he realizes. It is important to get the parents first and teach them, and there is no other class of women so well qualified to teach women as the nurses and the women teachers. There are not enough women physicians in all the states to supply the need and demand, and I think it is one of the duties of nurses to so fit themselves for this work that they can do it when called upon. You can teach personal hygiene after social hygiene is taught. There are many things about the hygiene of menstruation that many women do not know and should be taught. In my experience I have known a graduate nurse of a good school to hesitate to tell her fourteen-year-old daughter about menstruation and let her go to boarding school to learn it. This girl said, "Oh, mother, why didn't you tell me about it?" That is the way with so many mothers. They don't know how to tell it. We must teach the mothers to teach the children.

MISS CRANDALL.—I think many of the nurses as well as other people interested in this subject are suffering all the time from a lack of literature that they are sure is such that they ought to recommend. I hope, therefore, you will find the same kind of satisfaction that I have recently had in referring to the National Vigilance Association, 156 Fifth Avenue, New York, which keeps on hand a carefully-censored bibliog-

raphy on the subject, and will send it to you in typewritten form for twenty-five cents. It is divided into two halves, one on the hygienic side and the other on the pathological. You can get the sections separately. I am told by a librarian of that association that it is a profitable business nowadays to write on this matter, and, therefore, the market is flooded with most undesirable and dangerous material; they make it one of their prime duties to examine everything that they hear of. Therefore, you are very sure that what you get from them is of value.

There is also a little pamphlet published by one of the nursing associations in London, prepared for nurses, as information for them to give to mothers, which deals with the whole problem of masturbation and the problem of criminal abortion and the instruction that we can so easily impart in our daily discourses. It is published for confidential use and private distribution, but can be obtained for ten cents from the English association or the *British Journal of Nursing*.

MISS ERDMANN.—I wish to tell about the experience I have had during the past two years in teaching the subject to the women at the University of North Dakota. This coming winter, when the course is to be begun, we will call it personal hygiene and it will be given throughout the first semester once a week. The student will be given one hour credit for this work. This is compulsory and is required of every freshman student that enters the university. They did not know they were to be taught sex hygiene. I have been surprised at the eagerness with which the young girls have come to me, they ask questions and several of them have told me that it was one of the best things they had had since they came to the university. They have taken better care of their bodies and their general health, and are asking some very important questions.

Concerning the teaching of mothers, the teachers of Grand Forks have organized what they call a homekeepers' club, to which the mothers of pupils are all invited and are eligible for membership. The meetings uniformly are held once a month in the schoolhouse, and I have there had the privilege of giving to mothers of the city three talks, one on the adolescent period, a second one on menstruation and its hygiene, and a third one on teaching the child the origin of life. These mothers have again and again spoken of the value of these talks. I have also given them books which they can study for themselves and learn; and they say that they only wish they knew how to tell their daughters about these things. They are now agitating getting the teachers together and have asked me to come and speak to the girls. This will

be done next winter, I think. The Chatauqua, which is held every summer in North Dakota, has asked me to come to them on July 10, which is Mothers' Day, for a talk on teaching the child the origin of life.

## **SHALL ATTENDANTS BE TRAINED AND REGISTERED?**

By GRACE E. ALLISON

THERE is at present an aroused interest as to the advisability of concerning ourselves with the so-called training of the attendant. From all time we have had volunteer neighbors or friends who offered their services to the sick in homes or performed such household duties as the needs of the family demanded. These services were for the most part gratuitously performed, and by the frequency of such calls upon a self-sacrificing person, did she become more efficient. Thus the old-time practical nurse developed through the kindly interest in her heart and practice with the sick and helpless. To-day the appreciation of this so-called practical nurse is somewhat deteriorating, and we find the public grasping for some one professing more intelligence in nursing procedures, and offering a compensation to her proportionally greater than that of the old-time neighbor nurse.

This stranger, who is entering into the province of the nursing world whether she is welcome or not, has also a new title, and to make a distinction in name from the regularly qualified trained nurse, and for want of a more suitable one, we call her "trained attendant," although too frequently she is not satisfied to retain it for any great length of time. The trained attendant, as we generally accept the meaning, is a person who has had a limited instruction in the care of the sick, and possibly a little in the general care of the household. The instruction may include practical work, a limited amount of theory, a combination of the two, or a few lectures given by a physician, nurse, a so-called professor or lay superintendent supervising the course.

Hoping to gain some definite knowledge of this training, some fifteen copies of a questionnaire were sent to places conducting such courses. Unfortunately, so few replies were received that it is not possible to give definite statistics on many points. Probably the most generally-known courses are given in connection with Young Women's Christian Associations. A board of trustees interested in this organization is usually responsible for the course. They appoint a superintendent, who is usually a trained nurse, and together the course of study is planned out. Naturally there is no standard and we find great diversity of

opinion as to the necessary needs of the applicant. The length of the course ranges from three weeks to six months, including one to five days per week, and from 1½ hours to 2½ hours per day. In these organizations the course consists of lectures (some advertise them as given by physicians), practical classroom work, and in some, experience in practical work in a hospital. In others, as far as the sick is concerned, instruction consists entirely of classroom lectures, giving no practical work with the patient. Those having had experience in teaching nurses will readily understand that the skilful handling of a sick patient is never acquired by such instruction. The courses of study include brief courses in anatomy and physiology, including temperature, pulse and respiration, circulation, digestion, etc.; hygiene, bed-making; disinfection; uses and preparation of solutions; foot-baths; cleansing and sponge-baths; enemata; external applications, such as poultices, mustard paste, stupes, iodine, liniments; foods and cooking; care of sick infants and children, including preparation of their food; emergencies; keeping of accounts, etc.

In a circular of one offering such a course, the requirements given were as follows:

"No one will be admitted who is under twenty or over forty years of age. It is essential that one entering this *profession* should be intelligent, good tempered, absolutely trustworthy, with clean orderly habits."

When the board of trustees from a Young Woman's Christian Association claims to place these young women in the ranks of professional people by giving them a few weeks' course of instruction, with low standards of admission, is it surprising that attendants lay claim to so much? This is but one instance, but such courses are becoming almost universal in the larger cities and doubtless provide many similar illustrations.

The cost to the student ranges from \$13 to \$25 for the term, and seems to result in a financial success both to the association and to the student.

Other courses are conducted by private individuals and are increasing in exceedingly large numbers. From information gleaned from many such institutions, the courses of study are not offered primarily for the purpose of meeting the needs of the community, but are conducted entirely on a commercial basis. The following is an illustration, and while the article reads "nurse," it is in reality a "trained attendant's course." A short time ago a newspaper clipping was sent into the office which had been taken from a newspaper from a neighboring town. It read as follows: "Learn to be a Nurse. From Twelve to Sixteen Dol-

lars offered Weekly. If you cannot come to the city, you can form a small class and we will send an instructor to *you*." By a coincidence, a printed list of nurses, numbering about 150, from this organization was sent to a physician a few days later, and upon looking it over, several names of nurses from recognized schools, who were in very good standing, were found. An investigation was made and revealed the fact that numbers of nurses had been placed on the list without their knowledge. Further investigation proved that the course consisted of several lectures given by a man not recognized by the medical profession, that the cost to the student for the lectures alone was fifty dollars, and that the home and registry conducted for the students was of questionable character; yet while undertaking and after completing the course, the pupil was sent out in homes for private duty, no restrictions being made as to her title, the diagnosis of the case, or to her compensation; neither to the practice of deception to the patient or to the public. This is quite different from even the mechanical trades where, in New York I believe, a man cannot shoe a horse without a license.

Special hospitals are likewise contributing to these numbers; some have completed a course in obstetrics and are found nursing typhoid fever and pneumonia, calling themselves nurses and receiving twenty-five dollars per week.

Physicians in good standing are not exempt from encouraging this practice; several are known to keep these women employed, and, furthermore, advise them to charge the fee of the graduate trained nurse. Perhaps the only place where their work can be held under supervision is possibly in connection with visiting or district nursing. Here we find the patient in the home, the need for a general household helper and attendant upon the sick combined, and the family able to pay a moderate fee. In many such instances the visiting nursing associations of different cities have sent attendants to these patients.

To ascertain the acceptability of these women to the needs of these associations, inquiry was made to several of the largest ones. In all, eight replies were received to the following questions:

I. Do you approve of the training of the attendant? Six negative, two affirmative.

II. What, if any, are your objections? Replies were as follows: "My experience has been too bitter to enumerate." "They have an absolute lack of sense of duty or knowledge of ethical principles." "The so-called attendant has no standard and by partially training them we help them to raise false ones; and in this generation the public cannot see the distinction." "Teach a woman to help in a convalescent home

or a private house in any way she can, but simply because she can give an enema or take a temperature why call her anything?"

III. Do you find them difficult to control, both as regards (a) their sphere of work? (b) their remuneration? All replied, "Yes."

IV. What remuneration do they receive? From seven to twenty-five dollars a week, depending upon the length of experience and honesty of the individual.

To gain some knowledge of the quality of service given by the attendant, a questionnaire was sent to twenty-five of the large general registries. Of these, six replies were received.

I. Do you place trained attendants on your registry? Five affirmative, one negative.

II. If so, are they satisfactory? Replies to the five, "No."

III. If not, what objection would you offer? (a) They are too exacting as to the limitation of their duties to their patients; (b) too inexperienced; (c) too officious; (d) very troublesome; (e) so many could not enumerate, principal one their "incompetence."

A physician of prominence told of a recent experience which is by no means a rare occurrence. The patient was an invalid suffering from a chronic affliction and a woman of refinement and intelligence. The physician applied to the registry, which was conducted by the medical faculty, for a skilful trained attendant. The one chosen was naturally the one who seemed best qualified for the service, and as a further precaution she was asked to report at the physician's office before being given the case. He felt satisfied that she might prove acceptable and engaged her. The following day, while absent from her patient, a second trained attendant gained admission to the household and to the sick room under false pretenses and bitterly attacked the reputation of the absent one. The patient became so disturbed that the physician was called, who upon investigation found the trouble had arisen through some preference of cases given the one in some past instance.

One may ask, "Why are there so many hundreds of applicants attracted to this work?" Is it what we so earnestly desire from the nurse? If so, it can scarcely be gleaned from the foregoing, and judging from inquiries sent to training schools by some such applicants, one is justified in making the assertion that it is generally prompted by a mercenary spirit. A large income with little mental or physical exertion given in return for a short period of preparation is attractive to not a few.

We hear the argument that by admitting a different class of women into our training schools and training them as attendants we partly

provide for the shortage of nurses in our schools and lessen the amount of cleaning and minor duties for them.

Training schools are established and maintained for the purpose of educating young women in the care of the sick, not to supply the needs of the hospital in its routine cleaning and dusting. The shortage of nurses in our schools will *not* be supplied satisfactorily by admitting an inferior class and training them as attendants, but by raising the standard and attracting the more highly educated women. The general routine cleaning of a hospital does not lie within our province as an educational school, and a sufficient supply of ward maids should be provided by the hospital, leaving only sufficient duties to be given the nurse to provide for proper training, and let this be that which deals directly with the patient.

There seems to be an unquestionable need for such a class of helpers in almshouses and insane asylums, where, while demanding that the duties be very exacting, still they do not offer sufficient diversity of treatment and expression of intelligence to attract the better-qualified applicants for general hospital duty.

It seems quite true that while the very poor are well provided for in illness as well as the wealthy, no solution has yet been generally found to meet the needs of the middle class. But have we taken it upon ourselves to assume the responsibility of the nursing care of all humanity? If so, then our whole system of nursing needs reorganization. Why should not the wealthy participate in this great need and provide sufficient endowment funds for trained nurses to care for these patients? Surely the nurse cannot be called upon to make greater sacrifices than she is now **making**.

The Crerar Fund in Chicago is an example of such an endowment, and I believe has proven a very satisfactory solution of this problem in that vicinity. Another solution might include bed-side instruction to a member of the family or a practical household helper by a visiting nurse or by an hourly nurse. What is more important in the public school system toward educating pupils for their future needs than teaching them the simple procedures in home nursing, especially among those people who can scarcely afford the charges made by a trained nurse?

A system of sick benefit insurance has been introduced in practically all the large wholesale and retail establishments. Employees of those establishments pay from twenty to twenty-five cents per month and receive from five to twelve and a half dollars weekly during illness. Insurance companies and lodges likewise assist the people in the moderate-income group financially, and the results seem very encouraging

for future development. Records show that during the year 1911 the Visiting Nurses' Association of Chicago, through its affiliation with the Metropolitan Life Insurance Company, made 33,494 visits to policy-holders of that company. The splendid work done by this association could never be accomplished by the attendant, and our recognition of such a class of women through registration or training would very much encourage this change.

The sliding scale of wages is not practical. The demand for the private nurse is becoming such a generally accepted consideration for the operative patient that frequently it is impossible to obtain a nurse at any price from the registry. Their hours of waiting for cases seem to be decreasing. Furthermore, a nurse who gives her services to a patient until such a time as she shall be called from the registry is in no condition to give her best efforts to a second patient, especially in the majority of localities where twelve-hour duty has not yet been established.

When the public is sufficiently educated to the practical needs of its people and we have legislation to protect *us*, the same as every profession and almost every vocation for man, then some of the problems will cease to be problems and we will find lessened opposition toward raising our standard.

But until we have that protection when NO ONE shall assume the title of *nurse* except those who are properly qualified and registered, it *does* seem that we should struggle onward, maintaining the standards established by those gone before us, rather than encouraging and legally recognizing the partially trained attendant.

#### DISCUSSION, RETTA JOHNSON.

The writer has so thoroughly covered this subject that but little remains to be said, and the only words I have are to emphasize her line of argument.

In registering attendants, are we not lowering the standards we are striving so hard to raise, establishing two recognized grades of workers, placing a premium on inferior work, and driving the entering wedge that will soon undermine the foundation of our professional life?

We are not raising them to our standard nor weeding out of our profession the incompetent and poorly trained nurse. We should have but one standard recognized by us and the public, and it should be the ambition of all true followers of the profession to attain this, not being content with a middle ground. If those attendants are capable,



conscientious workers, they will invariably find a way to fit themselves for better service.

Again, how and where will you draw the line? You cannot say that the attendant shall know so much and no more—tell them what to do and what to leave undone.

Knowledge is power, and are those with the limited training always to be satisfied with this title and the remuneration? Do we not find them expressing themselves like this: "I am performing duties for which a graduate would receive \$25 per week, why should not I receive the same?" This only proves again the truth of the old proverb, a little learning is a dangerous thing.

There is a great need among the middle classes, in homes maintained by salaries and people of moderate means, for the practical house and home keeper. In cases of chronic illness or slow convalescence a practical nurse is often called, feeling that she can give the patient the necessary attention and attend to the supervision of household duties. Such women are in demand but are not plentiful, and while their services should be well paid for, yet because they can do these things is it necessary to give them a title and a certificate of registration?

What other profession do you find establishing two standards? There are good, bad, and indifferent everywhere, but it is only the proficient who are recognized. Second-class physicians are not called in cases of sickness; incompetent, unskilled workers never lead.

Progress and education are the great watchwords of this day, and why not make the distinction so marked between the trained and the untrained that the discerning public will recognize our worth and refuse to pay first-class prices for second-class work? There is always the need and demand for a cheaper service, but if the attendants and practical nurses want registration, let them agitate the question. I believe that if we look carefully enough to our own training schools, demand higher requisites for probationers, we will have less to contend with in this matter, for it is not, as a rule, the woman bereft of support and a home that is the one to assume so much, but the pupil nurse who has left the training school, with her course unfinished, who goes out and poses as the graduate, demanding graduate's prices and giving third-class service.

It is our duty to maintain a high standard, strive to attain the high ideals, give the best we have, and in doing this the public will not be slow to recognize our worth, while the other side will necessarily suffer by the contrast.

## MUNICIPAL CARE OF TUBERCULOSIS

By ELLEN N. LA MOTTE, R.N.

By municipal care of tuberculosis we mean those measures instituted by a city or community by which it attempts to rid itself of tuberculosis. The end to be attained is absolute elimination, not merely to check advance or to produce a slight or even marked reduction, but to absolutely get rid of the disease. While we all realize that this result is as yet a long way off, in fighting tuberculosis we cannot accept any other or lower aim. However, while we recognize the fact that we must work for many years in order to attain this end, there are certain measures by which we may reach our goal more quickly, and it should be the duty of every community to find out what these measures are, and to waste no time in going over ground which has already proved itself to be no thoroughfare. There are cities in which many antituberculosis measures have been adopted, but in many instances these are either so inadequate or so superficial that the end sought can never be attained.

Municipal care of tuberculosis includes three factors, and without every one of them nothing of real value can be done. When a physician advises a tuberculous patient he usually orders three things, namely, rest, fresh air, and food. Not one alone, not even two, but all three in proper combination if real improvement is to be made. The things that a community requires to control the situation are likewise three—not one, not two, but all three—and these should consist of a large force of special tuberculosis nurses, a chain of tuberculosis dispensaries, and adequate hospital facilities for advanced cases. Sanatoria, day camps, and open-air schools are all valuable accessories, but they are not effective agents in themselves unless the fundamental factors are provided. They are rather spectacular, however, and many a city is misled because of this, and so expends money for which it gets no commensurate return. Sanatoria are costly things to maintain, but they are effective for one class of patients only, namely, the class which can control its environment after discharge. For the patient who returns to the alley, or to starvation, they mean only respite, not relief. We cannot conceive of a community wiping out tuberculosis with an equipment which consists only of a sanatorium for early cases, and open-air schools and playgrounds. Excellent as these are in themselves, they are but superficial measures when it comes to eliminating tuberculosis; their real value lies as accessories to the fundamental measures spoken of a moment ago.

We take it for granted that a system of fighting tuberculosis should include registration of cases. It is necessary to know how many cases there are and where they are. Registration by itself, however, is of no value except as a matter of statistics. It is only of value when the patients registered are placed under close supervision by a corps of special nurses, who keep them constantly provided with prophylactic supplies; instruct them and those connected with them as to the nature of the disease; and when they move or die, arrange for the proper fumigation of the houses and the destruction or sterilization of all infective material. If registration of cases means care of that sort, then such registration is of value to the community. If it does not mean that, then it is mere compilation of useless figures which have not even the merit of being complete. For instance, in Baltimore in 1909, the year before the city organized the special tuberculosis division of the Health Department, the number of cases registered was 919. These patients, while thus officially recorded, were kept under no sort of supervision or care. The next year, 1910, when fifteen special nurses went on duty, the registrations jumped up to 3202, and every one of those recorded cases was placed under careful supervision, provided with sputum cups, etc., and he and all those connected with him were carefully instructed as to the nature and danger of the disease. Registration that means something to the community is what is needed, not dry figures.

A chain of tuberculosis dispensaries is an absolute necessity in fighting tuberculosis, although these dispensaries need not necessarily belong to the Health Department. In Baltimore we have five of them at present, two under the Health Department, and three connected with general hospitals; it makes little difference who operates them, provided the cases are all turned over to the Health Department nurses, and in Baltimore so close is the co-operation between them and the nurses of the tuberculosis division that there is practically nothing to choose as to the results. The Phipps Dispensary, Johns Hopkins Hospital, is the largest and best known of these special dispensaries, and is open six days a week from nine to twelve in the morning. The Health Department nurses send patients to the Phipps, but do not stay with them or have anything to do with the dispensary work, since the Phipps is well supplied with its own staff of nurses; their nurses, however are for dispensary work only and do not visit in the homes, so all Phipps cases are turned over to the Health Department as a matter of routine. We return reports on these cases, send in the lists of deaths, etc., and in this way maintain close co-operation and affiliation with a source from which we receive about 21 per cent. of all our calls.

In the four other dispensaries of the city, each of which is open three days a week for two hours a day, the Health Department nurses are on duty. No one nurse is assigned to a dispensary as a special dispensary nurse, for each of these dispensaries is situated on the borderlines of three or more districts, and a nurse from each district is thus assigned for one day a week to each one. In this way each nurse has her own day, on which she can send her patients with the assurance that she will be there to receive them, and she is thus able to keep in close touch with them and with the doctor; nor except for these two hours a week is she taken away from her work of instruction and nursing in the homes. The chief almost the entire value of the dispensary lies in its being a diagnosing agency, for the treatment received amounts to practically nothing. Of its value as a diagnosing agency there can be no doubt, as the following figures will show. During the year 1910 there was reported to the tuberculosis division a total of 432 cases from the practising physicians of the city, and 431 cases reported during the same time from the specialists of one of the tuberculosis dispensaries—the number reported from each source being practically the same. These cases were carefully followed up, and at the close of the year 1911 we find these facts: of the 432 cases reported by the physicians, 233 or 53.93 per cent. died within a year after being referred to us, while of the 431 dispensary cases only 122 or 28.07 per cent. died within the year. Moreover, of the cases that died reported by physicians, 36.57 per cent. died within the first four months after being referred to us, as compared with 11.13 per cent. of the dispensary cases which died within the first four months. This striking difference may be accounted for in several ways, but one fact, however, remains clear. That is, that the cases reported by the dispensary were in a far earlier stage of the disease than those reported by the general practitioner, and recognition of tuberculosis in an early stage is of undoubted advantage to the individual as well as to the community. The patient has more chance to improve, and the patient who is watched and kept under supervision for a year or two preceding his death is less apt to infect his household than one who is not placed under supervision until a few weeks or even days before he dies. The welfare of the community demands this care and supervision, and an agency which reports and diagnoses tuberculosis three times earlier than the general practitioner is one that is imperatively needed.

As to the value of the hospital for the last stage case, there is no longer any question—all students of the tuberculosis problem are now agreed as to its necessity. If, for instance, a community has a hundred thousand dollars to spend, and is undecided whether to spend it for a

sanatorium or a hospital, there should be no question as to building the hospital. One advanced case can infect enough people to fill an ordinary sanatorium, and policy should demand comfortable quarters for such a case, with a view to closing the sanatorium which he now keeps supplied.

It is not our purpose to discuss the hospital from the institutional point of view, but rather from the social one. It is one thing to recognize its value and to build it, but it is quite another thing to keep it filled with patients, and the responsibility for keeping it filled rests largely with the tuberculosis nurse. No nurse, however, can persuade people to stay in a poorly-run, badly-equipped hospital, and the responsibility for making this an attractive, well-managed institution rests on other shoulders. The nurse can teach her patients the value of such an institution, she can create that sort of opinion which means voluntary rather than compulsory segregation, but in order to maintain this as permanent sentiment, the hospital advantages and comforts must far exceed those of the patient's home.

The nursing staff itself is perhaps the key of the situation, for the nurse is the great go-between between the physician and the patient, the patient and the institution. She brings them together. She cannot diagnose cases, but she can diagnose those which ought to be diagnosed by some one else. She cannot admit to an institution, but she can make the patient want to be admitted, and can direct him into the proper channels through which he may gain entrance. A nursing staff of strong, intelligent, and well-trained women is a necessity to any community which wishes to undertake municipal control of the disease.

The nurse is not the end of the matter, however. When the tuberculosis campaign was first begun, in 1904, we believed that by simply teaching people we could make them so scrupulously careful that tuberculosis would be automatically eliminated. In that we have failed. By our teaching we can lay a broad foundation of education, but beyond that we cannot go. There are too many factors which nullify this instruction, and we find that our careful training can only be partially applied. For instance, the mother of a family, who must cook, wash, and work for her entire household, must necessarily fail in her technic. The father of the family, overworked, underpaid, and discouraged, becomes indifferent as to what becomes of him and of others. The boy of twenty, carousing about poolrooms and street-corners, who has never in his life known the meaning of self-control, is not one to develop sudden moral strength and consideration for others—and so it goes. The nurse is powerless to contend with these and hundreds of other

factors. She is dealing with people and not things, and the carefulness she is able to produce in people is only relative, not total. Nor, as might be supposed, does this carefulness and consideration increase with time, with the length of the period over which her instruction is given to her patients. At the beginning of the present year, 1912, the nurses of the tuberculosis division had on their visiting lists about 2800 cases, of which 2020 had been positively diagnosed, and had been visited for over three months. Undiagnosed cases and positive cases which had been visited for less than three months were not counted. These 2020 cases were then classified according to their willingness or ability to follow instructions, and the groups we divided them into were: fairly careful, careless, and grossly careless. Purposely we omitted careful, since careful is a positive condition, implying absolute technic, and we believe that the nature of tuberculosis precludes the removal of all danger. As fairly careful, then, we have included all those patients who are really trying to follow advice, and who are doing so to the best of their ability. Many of these patients might at first sight be called careful, so closely do they follow advice, but our experience of many years is that the only adequately careful patient is the one who is not at large in the community. Opportunity for breaks in technic occur so incessantly that we feel that all our teaching can only produce a class that is fairly careful. As careless patients, we include those who follow advice intermittently, or who are badly hampered by circumstance; the grossly careless class speaks for itself. Results of the classification, summarized, are: patients visited, 2020; fairly careful, 1012 or 50.09 per cent.; careless, 832 or 41.13 per cent.; grossly careless, 176 or 8 per cent.

Roughly speaking, about one-half of our patients really try to be careful, and one-half either do not try or cannot succeed if they do try. The interesting thing, however, is that time has little to do with it—the natural supposition would be that the patient visited for one year or two years would show marked increase in carefulness over those who had only been visited for three months or six. Yet as a matter of fact there is practically no difference, 50.50 per cent. being found careful among those visited for three months, as against 51.69 per cent. found careful in those visited for two years. We believe these figures show conclusively that continued teaching is not necessarily conducive to good results, and they also show that the patient left in his own home, even though under constant supervision, is unable to carry out a degree of technic sufficient to ensure safety to those surrounding him. There is but one conclusion to be drawn from this—not that the nurse is use-

less, but that the patient at large is dangerous. And the fact that nurses have been able to establish this conclusively is the best contribution they have made to the tuberculosis work. The need of hospital facilities for the advanced case is thus apparent.

It may be said that our work takes us only among the very poor, who are unable to avail themselves of the nurses' suggestions, but in the case of the municipal nurses of Baltimore this is not true. We have many patients on our lists in excellent circumstances, as well as those whose poverty is abject. In 1911 we made an analysis of 3000 patients on our visiting lists, in order to see what proportion of them were recipients of charitable aid, and found that out of these 3000 families we had: known to one relief-giving association, 858 families; known to two relief-giving associations, 121 families; known to three relief-giving associations, 25 families; known to four relief-giving associations, 1 family; known to five relief-giving associations, 2 families. Total, 1006. In other words, only about a third of our cases were dependent upon outside aid. These figures rather understate the case, for doubtless many more people than we knew of touched bottom, and the progress of the disease will bring many now able to struggle unassisted into the class of those who ask for aid. Still, unsatisfactory as it is, these figures show that it is not poverty alone which prohibits thorough carefulness. Some of our most careless patients are in homes where every facility is at hand, and some of our most careful ones are those who have nothing but a garret bedroom and a sputum cup. Unfortunately the nurse cannot morally rehabilitate her patients and make of them ethical beings; the progress of tuberculosis is a swifter process, and all too frequently wins out.

So again let us emphasize the fact that the staff of municipal nurses is but one link in the chain—and their greatest work lies in building up sentiment which makes for voluntary segregation.

Another part of the nurse's duties consists in instructing the family as to the necessity and value of fumigation. This fumigation takes place after the death or the removal of patients to an institution or to other quarters, and the family is carefully taught what it means, as well as the necessity for thorough cleaning afterward, together with the destruction or sterilization of infective material. There is now some question as to the value of fumigation; undoubtedly its efficiency is not 100 per cent., still it is too valuable to be discontinued. Therefore, until something more efficacious is discovered, or until it is proved quite worthless (which is now far from being the case), we must continue to use it and to impress on the householder what it means. As it is

superficial, however, the nurse should teach the family that safety lies in the destruction of all bedding, clothing, etc., used by the patient, which material, if too good to be destroyed, may be sterilized. In Baltimore, the Health Department maintains a large municipal steam sterilizer, and the nurses select those articles to be sterilized and those to be destroyed; these things are sent for by the Health Department, and the sterilized articles are afterward returned to the householder in good condition. Beside this, the nurses see that all fumigated houses are cleaned. We cannot compel this cleaning, but we can advise as to its necessity, and the year 1911 shows that out of a total of 1098 houses fumigated after death, 850 or 78.32 per cent., were cleaned. Those not cleaned were 172, or 15.66 per cent., while those left vacant were 76 or 6.82 per cent. This is a good showing, and speaks well for the nurses' ability to educate the people along this line. The figures for fumigation following removal are not quite so good, since after removal many houses are vacant, and there is no one left to do the cleaning. These figures, however, are: cleaned (out of a total of 1643), 1068 or 65 per cent.; not cleaned, 273 or 16.61 per cent., and vacant, 302 or 24.46 per cent. It has been said that we should notify the landlords of these vacant houses, and get them to clean them; it is not always possible to find the landlord's address, nor is it likely that he would either clean them himself or warn his next tenant. In these cases we can but trust to the efficacy of fumigation, and to the new tenant doing his own housecleaning on moving in.

A staff of municipal nurses should be carefully chosen, and women of the highest type should compose it. Poorly trained, ignorant women, without strong personality and incapable of impressing their point of view upon their patients, are of little if any value in this work, where the personal equation plays such an important part. The larger the staff, the more difficult of course to recruit it to a high standard, but this must be done if the community is to benefit by this work. The minimum requirements of a nurse should be that of registered nurse, in good physical condition. Under-graduates, partially trained ex-patients, even though trained in a special tuberculosis hospital, are not properly equipped for this work which demands the best trained women we can get. The work is hard, for in addition to the physical strain there is an ever-present mental strain, an expenditure of nervous energy needed to combat opposing and frequently hostile opinions, and to bring those opinions into co-operation. This means that at the end of a year or two the nurses become very tired mentally, and for this reason tuberculosis work is not good as a steady occupation. A nurse who becomes one of a corps of municipal nurses should do so, not with



the intention of settling down into steady work, but with the intention of getting all the experience that may be had, with a view to equipping herself for an executive position, for which positions the supply falls far short of the demand. From the stand-point of physical danger, there seems little to fear, and probably the risk is not much greater than in any other form of nursing work. During the two and a half years in which the tuberculosis division has been organized, twenty-seven nurses have done the work for varying lengths of time. Of that number, six are still on duty, perfectly well after a service of two and one-half years. Three gave up the work at the end of two years' service, perfectly well, but wishing to take up other work. Three are still on duty after over a year's work, and two gave up the work at the end of a year, to take up other work. The remainder of the staff has been at work for less time than a year, but all are well. This would seem to show that the danger of length of service is not great. Three of our nurses have contracted tuberculosis since the tuberculosis division has been organized, yet in no case do we consider this to have been contracted in the work itself. In two instances the nurses had tuberculosis in their own homes, a parent of each having the disease, and in the third instance, in which the nurse was found ill at the end of four months' duty, examination revealed an old lesion which had probably been there for some time. Moreover, this nurse had been taken on the staff without previous physical examination, which examination is now required of all accepted applicants before they can take up the work.

The nurses are on duty for eight hours a day, which day is inclusive of about an hour's clerical work usually done in their own homes. Blue denim uniforms are worn, and the department provides the leather bags and the prophylactic supplies which are carried to the patients. The salary is \$75 a month, and there is no increase for length of service. At first this seemed rather a pity, since an experienced nurse is more valuable than a beginner, but on the whole perhaps it is as well. If the salary increased from year to year the incentive to remain on the staff would be greater, whereas now the incentive is to qualify for executive positions in new fields of work. The tuberculosis division is or should be a training school in which nurses may be trained in social work, since the complexity of the tuberculosis situation brings them in contact with all the agencies at work in all the fields of social activity, and the experience thus gained is an invaluable asset. In addition to this, several of the specialists of the city have given the nurses courses of lectures, during the past two years, the subjects including prevention of tuberculosis, drug treatment, sanatorium treatment, channels of infection, tuberculosis in children, tuberculosis and pregnancy, etc. More-

over, the nurses have had the privilege of attending the meetings of the Laennec Society for the Study of Tuberculosis, which are held monthly during the winter at the Johns Hopkins Hospital. Beside these, there are of course in the city all sorts of lectures on different phases of social work, and the nurses are thus given the opportunity to supplement their practical field work by valuable lectures on allied topics, all of which interlock and depend one upon the other.

The result of this capable and informed body of women is apparent to the community. In Baltimore the death rate from tuberculosis is falling, and we consider ourselves largely responsible for that reduction. We are of course not the only factor, but the others are so closely allied with and dependent upon the work of the tuberculosis nurses that we cannot but feel that we have had a great deal to do with it. Our aim is to place under supervision every tuberculous patient in the city, early and advanced, and to give instruction and advice to ambulatory cases, and actual nursing care to such cases when they become far advanced and bedridden. Any system of municipal supervision which simply provides for one class of patients, early ones, and ignores or transfers last stage cases to a private association at the very time when supervision is most needed, is a system which is doing superficial work. The aim of the municipality should be to care for all cases, not merely selected ones, and the community can only benefit when this is done. Individual benefit is not synonymous with community benefit, so for that reason a city cannot reckon its results in terms of individuals but by the death rate. A falling death rate means that there are less people infected, and therefore less who die from the disease. In Baltimore our death rate has shown marked decrease in these last two years. In 1909, before the tuberculosis division was organized, the deaths from tuberculosis were 1400. In 1910, the first year of our service, the deaths were reduced to 1234. In 1911 they fell to 1158. Municipal care of tuberculosis which results in a decreasing death rate is the only sort of care that counts. And as we said in the beginning, to obtain this result three factors are necessary: a chain of tuberculosis dispensaries, hospital facilities for the advanced case, and a corps of special tuberculosis nurses. A community which attacks its tuberculosis problem in this way is using fundamental and radical methods, and the more highly skilled the specialists in the dispensaries, the larger and more comfortable the hospitals, and the larger and more intelligent the staff of nurses, the more quickly will the death rate be brought down.

## **SOME PROBLEMS OF TUBERCULOSIS NURSING IN RURAL COMMUNITIES**

WE have come to a point in the tuberculosis campaign where the problem of the smaller and rural communities is compelling the serious attention of those interested in the subject and some idea of work in such communities with a few of its attendant difficulties may be helpful to others planning like work.

The smaller communities, because of their smallness, have not had the gospel of fresh air and sunshine explained to them—and so they look with suspicion upon those invading what they consider the sanctity of their superstition and ignorance, and the nurse entering such a field of labor has every man's hand against her, though her own be aching to extend aid and sympathy.

To such a community the actual existing conditions must be made clear so that the community's conscience may be aroused and some way be found of dealing with the conditions.

Beside the general community, the physicians, as well as the patients themselves, need the education that is the greatest factor in the fight—and it is gratifying to know that once interested and aroused, the physicians are the nurses' best friends, best help, and inspiration.

To the tuberculous patient himself it is always difficult to bring any realization of his disease and its contagion, and because of his mentality—his position as the wage earner—it is always difficult for him to accept conditions or carry out any advice or instruction as to his method and routine of living.

Here is where the tuberculosis nurse will prove herself; she will persistently and cheerfully go her way, finding out, by her woman's intuition, where the sorrow and the sin and the sickness wait her, and in her earnestness she will approach these needs, and in her love for humanity she will overcome the attitude that resents what is called interference, when such interference in reality means a saving of health and strength and conservation of life.

She will ignore the loneliness and isolation of her own life, while she accepts without questioning the criticism and ostracism that will be her fortune; she will forget her weariness of body in her sincere wish to be of service—until some day, in a moment, without warning, it will be given her to realize some results of her work because of the many demands from all grades of society and all classes. At all seasons comes

the cry for help in the time of need—what greater recompense can she hope for, what higher reward can she obtain?

But the nurse's work is not now finished, in fact, in a sense, it has just begun, for now the way is open and clear for greater fulfillment of her plans for the betterment of her people and her conditions. Given such a community, at this period of its development, we can conceive what it would mean to the nurse if she had at her disposal a sufficient number of beds for her tuberculous patients, especially for those in the advanced stages of the disease.

Much has been said and is being said daily of the need of the municipal control of tuberculosis, and gradually more beds are available, but surely we cannot rest from our labors or lessen one jot of our interest in this warfare until we are assured that every state, county, and community is providing adequate hospital accommodations for every tuberculous sufferer in its midst, and not until then can any state, county, or community rest satisfied that it is giving adequate protection to the healthy individual within its borders.

## **REPORT OF THE SPECIAL COMMITTEE ON TUBERCULOSIS NURSING**

THE remarkable growth of the tuberculosis movement, developed into a world-wide campaign within comparatively recent years, must be apparent to the most casual observer, while to those of us more familiar with the problem and more closely allied with its working details, it is significant of the intensive interest and sustained enthusiasm which even familiarity with such an enemy does not affect.

The constantly growing demand for adequate hospital and sanatorium facilities for tuberculosis patients, especially for those in the advanced stages of the disease, shows the awakening of all classes to this greatest need; and that this demand is being satisfied, and the number of available beds gradually increased, bodes well for the final issue.

A recent statement from the National Association for the Prevention and Relief of Tuberculosis reports that the reduction of the death rate from this disease in the last decade has been twice as great as the general reduction in the mortality rate from all other causes. This would mean a saving of 30,000 lives a year, and should prove that our efforts are worth while and also that this lowered mortality is not a phase of periodic decline of tuberculosis as much as a response to enforced sanitary and hygienic measures.

There are to-day about 2000 associations of various kinds organized

for concerted fight, and it is estimated that during the year 1911 new organizations have formed at the rate of one a day—in fact, the report of the national association for the year 1911 gives the following statistics: new associations, 128; sanatoria and hospitals, 96; dispensaries, 43; open-air schools, 62.

On January 1, 1911, there were in existence throughout the country 29 open-air schools for those children having the disease, as also for the children of tuberculous parents, and in January, 1912, the number had increased to 91, thus assuring to these children an immunity to the disease which can be maintained throughout the lifetime of the individual.

In the year 1911, \$14,500,000 was expended in this cause, and for 1912 already over ten millions is appropriated, New York State leading.

Some new phases of the work include the appointment by the International Harvester Company of Chicago of a special tuberculosis nurse—another evidence of the awakening of one large corporation to its own best economic interests; surely other such corporations must fall in line.

It was given to the dispensary at Flower Hospital, New York City, to inaugurate the use of face masks in the dispensary work of tuberculosis cases, and this very simple device is worthy of the most sincere acknowledgment that can be given it—that of imitation. Why has it not been in use long ago, and more generally?

In Cleveland there has been started within the last year a course in sociological training for nurses, which might profitably be duplicated all over the country and is a great need.

It is interesting to note that many of the industrial concerns in the city of Chicago are giving special attention to the examination of their employees, and also that the Department of Health of Chicago is issuing weekly a bulletin of sanitary instruction.

In Maryland, the Baltimore and Ohio Railroad has fitted up an anti-tuberculosis car, which plans to make a tour of the state as part of the educational campaign. This car is enamelled in white, both inside and out, and is thoroughly sanitary. It displays antituberculosis exhibits, and lectures on tuberculosis will be delivered by local physicians at the cities and towns visited.

With every state in the Union exerting all its energies to obtain increased facilities for tuberculosis and instituting dispensary systems to facilitate the locating of the tuberculous individual as also to keep supervision over him and his family, thereby safe-guarding the community, we must of necessity inquire how much of this enlightenment and education is due to the visiting tuberculosis nurse, whose advent into this field is of recent date. The sociological feature of tuberculosis work makes heavy demands upon the nurse's time, for the adjustment of living

conditions is more important here, perhaps, than in any other phase of visiting nurses' work. The great dearth of nurses fitted for this work—their entire lack of the most superficial knowledge of any social training, without which no nurse should begin visiting nursing—with the average salary of from \$60 to \$75 offered, all combine in making the filling of such positions still another problem, and one for which some solution ought to be worked out by the nurses themselves.

While we must feel encouraged at the extension and progress of the movement, it is safe to predict we are nearing a point in our history where further growth may be slower, yet more full of results. While now the entire field is fairly well organized so far as organization goes, still the most important part of the work is hardly yet begun, for—and this cannot be emphasized too often or too strongly—until all associations adopt for their object “not one case of uncared-for tuberculosis in our midst,” they will be handicapped in their development and lose sight of their ultimate goal.

But while so encouraged and stimulated, we dare not rest our activities or lessen our efforts. Indeed we must connect all our best endeavors for the next move, so “with a long pull, and a strong pull and a pull all together” we must secure such organized machinery in a system of sanatoria, hospitals, dispensaries, and visiting nurses as will awaken and make effective the municipal conscience, to whose long lethargy may be attributed our present inadequacy.

Cannot the graduate nurses interested in tuberculosis take some active part in a crusade which is at present interesting the whole world? Has the graduate nurse no duty in this regard?

NELLIE M. CASEY, Chairman.

## **REPORT OF THE NINTH INTERNATIONAL RED CROSS CONFERENCE**

THE Ninth International Red Cross Conference was held in Washington, May 7 to 17. For many months preparations were being made for this event. Congress appropriated \$20,000 and a special building was erected for exhibition purposes; few realize the immense amount of thought and work involved in such an undertaking. May is usually an ideal month in Washington, but I regret to say that many varieties of weather were experienced during those ten days of the conference, only two or three of which were what had been hoped for, but the city was radiant in its spring dress. The meetings were held in the Pan-American Union Building, a beautiful structure wonderfully well adapted to such a purpose with its stately hall of the Americas, decorated

for the occasion with the flags of all nations, broad corridors, tropical patio and adjoining rooms which met every need. Luncheon was served to delegates each day on the lower floor. This was always an interesting scene and, as at our own conventions, no doubt many of the most enthusiastic and valuable discussions between representatives from the world over took place at that time. The opening meeting was a brilliant affair. A letter was read from the President of the United States, who as you know is also the president of the American Red Cross. There was great regret that he was unable to be present. Senator Root welcomed the delegates in his behalf. Responses were made by representatives from the nations, a number of whom are in the Diplomatic Corps. The presidents of the conference previously elected were M. Gustave Ador, of Switzerland, who was an ideal presiding officer, and our former Minister to France, Mr. Henry White. French and English were the languages most frequently heard, and each day there were freely distributed translations of the papers to be read as well as a résumé of the previous day's programme.

The conference having been declared open, the audience repaired to the Red Cross Building for the opening of the exhibition. This building was in the form of a cross and was filled with most interesting exhibits showing activities of the international Red Cross societies in peace and war. Those of Russia, Germany, Japan, and France were especially notable, while the American sections were most interesting to the foreign delegates as well as to ourselves. The United States Army showed a field hospital completely equipped near the exhibition building. The Navy was represented by a battleship operating room, by articles which the Red Cross will be called upon to furnish in war, and the hospital ship, *Solace*, was open for exhibition at the Washington Navy Yard. The Red Cross flag on a map of the world modelled in relief was a surprise even to those of us who are most familiar with the aid that it has given the world over from Colon to China. A section was assigned to the Christmas stamp and its tuberculosis work, another to the First Aid Department, and to Miss Delano belongs the credit of arranging the nursing section which kept the Red Cross nurse in charge constantly busy answering questions. There were three very realistic panoramic scenes of the nurse in war, in disaster, and as she will be when rural nursing, the latest work to be taken up by the Red Cross, is fully established. Maps, photographs, charts, and every printed form in use showed the growth of the Red Cross enrollment and, as you know, there are now more than 3000 nurses.

In 1902 the Empress Marie Feodorovna gave \$50,000, the interest

of which was for prizes for inventions for alleviating suffering in time of war. The following are some of the subjects entered at this conference: organization of the methods of evacuation of the wounded on the battlefield, comprising as complete an economy as possible in litter-bearers, portable washstands for war, methods of packing dressings for aid stations and ambulances, wheeled stretchers, carriage of stretchers on mule-back, folding stretchers, the best method of heating railroad cars by a system independent of steam from the locomotive, the best model of a portable X-ray apparatus, etc. There were 156 inventions exhibited, America contributing 67, Germany 27, England 20, and France 13.

During the conference there were more than 100 addresses, showing what the Red Cross has done in every country in the last five years, and giving a clear idea of what it stands for. It was announced amid prolonged applause that the Empress of Japan gave \$50,000 for the purpose of encouraging relief work in time of peace.

There was a report of the special commission having in charge the Nightingale Foundation, a fund being raised by the International Red Cross to be used in the establishment of some permanent memorial in honor of Florence Nightingale. Miss Delano asks me to read the following in this connection: "The Red Cross societies of the world agreed to raise a fund to be known as the Florence Nightingale Foundation. A special committee was appointed to make recommendations concerning this fund, with Sir John Furley of the St. John Ambulance Association as chairman. Miss Boardman and Miss Delano were asked to serve on this committee. It was agreed that a medal, accompanied by a certificate on vellum, to be called the Florence Nightingale Medal, should be instituted, and that six such medals, to be increased to the number of twelve in the event of a great war, should be available annually; that they should be granted only to trained nurses who may have especially distinguished themselves by great and exceptional devotion to the sick and wounded in peace or war. No country may propose more than one candidate for this medal annually. The final award is made by the International Red Cross Committee, at Geneva. The awarding of these medals to nurses will be akin to the bestowal of the Victoria Cross to British soldiers for 'bravery in action' and will be the highest honor which can be paid to any nurse. A most fitting memorial to one 'who rescued from obscurity and shame a noble profession,' may this Nightingale Medal prove ever an incentive to higher and higher standards of duty among us."

Monday, May 13, was given over to papers relating to Red Cross



nurses. Miss Delano's on "Training and Enrollment, Their Duties in War and in Disaster" was enthusiastically received. Other papers were by Mme. Panas, presented for the Central Committee of the French Red Cross on the instruction given in the dispensary schools of the Société de Secours Aux Blessés Militaires and results obtained, a report of the work of the nurses in Morocco by the Countess Paul de Pourtales, and a paper on the Red Cross Sisters of Germany by Dr. Werner, Surgeon-General. I will read a few of the titles of other papers which will give a little idea of the trend of discussion. "The Organization of the American National Red Cross for Service in War," General Torney; "Relations with War Department of Government," Japanese Red Cross; "Measures for Providing Hospital Trains and Ships," "Assistance of Neutral Red Cross Societies in War," "Measures Adopted by Each State for the Repression of the Abuse of the Insignia and Name of the Red Cross," "First Aid Organization," "Report on Red Cross Relief in Disasters," etc., which have occurred since last conference, "Principles of Relief and the Value of a Trained Personnel," by our own Dr. Devine; "Into What Relations with Other Philanthropic Agencies May the Red Cross Advantageously Enter?" "The Red Cross and Tuberculosis including the Christmas Seals," "The Plague in Manchuria," "Result of Typhoid Vaccination," etc.

On Saturday, there was a First Aid Contest in the grounds near the Red Cross Building for which elaborate preparations had been made under the direction of Major Lynch, and a large and distinguished audience watched the competitions for which prizes were given.

Washington, notably a convention city, quite outdid itself in the way of public and private hospitality during this conference. On the opening night there was a beautiful reception in the Hall of the Americas, many of the men delegates in gorgeous uniform, and the women resplendent. From then on there were receptions, garden parties (the day for that at the White House being perfect), an excursion to Mt. Vernon which goes without saying. The nurses attending the conference were entertained by the army nurses at the Walter Reed Hospital, by the Navy Nurses, by the Registered Nurses' Club of the District of Columbia, and by the president of the Spanish-American War nurses at the Soldiers' Home.

There was a banquet for the delegates on the evening before adjournment at which Mr. Robert W. de Forest, vice-president, presided.

This might have been a peace congress, for the growing bond between nations was made much of. Miss Mabel Boardman was forced to respond to a toast after listening to expressions of praise from all the speakers. She said:

"The Red Cross makes us all brothers and sisters, and enlists the people of all nations in the work of beneficence and for peace under one banner."

In America, where the possibility of war is more remote, we consider the Red Cross in relation to its peace activities, but with the rest of the world it is different. Two or three countries thought it rather a mistake for the Red Cross to concern itself with anything but war. But after animated and earnest discussion the conference decided in favor of relief work in time of peace, which is growing in every country where the Red Cross exists, as a part of its spirit. I wish I could convey to you the impression left upon those of us who were privileged to attend this conference. In the words of one who was present: "Above all the brilliance of the social functions and the glitter of official uniforms, rose the dominant idea of service in war and in peace to the suffering and the needy, and the great motto of the Red Cross, 'Neutrality, Humanity,' was realized deeply at every session.

GEORGIA M. NEVINS.

#### FRIDAY MORNING SESSION

The meeting was called to order at 9.15 A.M. by MISS NICHOLS.

#### REPORT OF THE COMMITTEE ON ALMSHOUSE NURSING

YOUR Committee on Almshouse Nursing submits the following report of progress made during the past year in the fifteen states heard from.

*Colorado.*—All almshouses in state investigated. Medical and nursing care reported good. The committee is working for more careful isolation of tuberculosis cases, and much improvement is expected along this line in the near future. The women's clubs of the state are also doing good work in the almshouses, but not in co-operation with the nurses' association.

*Connecticut.*—No almshouse committee. Trained nurses in all almshouses.

*Georgia.*—Work of committee retarded by county boards. Little progress reported for past year.

*Idaho.*—No almshouse committee. Conditions in almshouses not definitely known, but believed to be fairly good.

*Illinois.*—Work being carried on as reported last year. Efforts are

being made to have the name of these institutions changed from "almshouse" to "infirmity."

*Iowa*.—A very complete and practical plan has been prepared by the state committee for the guidance of local organizations. They hope to enlist the interest and co-operation of the women's clubs.

*Kentucky*.—No almshouse committee. No nurses in almshouses. Affiliated with women's clubs.

*Montana*.—No official report. A member of your committee, resident in that state, has visited almshouses in her neighborhood and reports much room for improvement.

*Missouri*.—Work being carried on in connection with the State Conference of Charities and Corrections, which invests the inspector with authority, while the nurses' association of which she is a member is responsible for the finances.

*Nebraska*.—No almshouse committee. An unofficial report of two almshouses states that in one conditions are good, while in the other, 200 men are living in the basement, and 70 insane patients occupy space sufficient for about 40.

*New Jersey*.—No almshouse committee.

*New York*.—Special tuberculosis hospitals are being built through the state, removing tuberculous patients from almshouses. Entertainment and occupation, spasmodic; religious services, regular. Seven counties have added hospital departments to the almshouses during the past year; eight have employed trained nurses, two have the question of adding hospital facilities under consideration. New plumbing and heating plants have been installed in several almshouses, porches have been added, and living conditions for nurses have been improved. The state committee acknowledges indebtedness to the State Board of Charities for information as to conditions.

*North Carolina*.—Isolation of tuberculous cases has been secured. In one county a nurse has volunteered for work in the almshouse (or county home as it is called in that state), and the local association of nurses is working to secure her appointment.

*Oklahoma*.—Committee finds little to do. Few people in almshouses. Buildings located on farms, where inmates work.

*Pennsylvania*.—Committee appointed at last annual meeting. No work reported.

*Wisconsin*.—A circular letter was sent to the county boards of supervisors asking their interest and co-operation in securing skilled nursing care for inmates of almshouses. Many institutions throughout the state were visited by nurses, in several instances with the co-operation of the

local women's clubs. One women's club has promised a graphophone to the local county almshouse.

The following suggestions have been received from nurses interested in the almshouse work:

1. Affiliation with state conferences of charities and corrections.
2. Graduate male nurses as superintendents of almshouses.
3. That nurses volunteer for visiting work in almshouses whenever the opportunity offers.
4. That more graduate nurses take up almshouse nursing.
5. Secure interest and sympathy of state boards of health and county physicians.
6. That women be elected to county boards.
7. That the care of the aged poor be made the duty of the state, not the county.
8. That the name be changed from "almshouse" to "home," "infirmary," or some other, less suggestive of pauperism.

Respectfully submitted,

HELEN W. KELLY, Chairman.

## REPORT OF PUBLIC HEALTH COMMITTEE

PUBLIC health work in its broadest sense includes any form of district visiting nursing. Indeed, most of our pioneer work was and is still being done by those splendid workers who have blazed the trail for all phases of health work, and who are carrying it on in closest co-operation with every conceivable agency, working in so many ways that it seems almost impossible to get anything like a statistical statement of the extent of their work.

It was thought best this year to make the report in the line of the employment of nurses by municipalities. Accordingly, questionnaires were sent to 100 of our largest cities. The information received was of rather a meagre character, and was more characteristic than comprehensive. It showed that 81 cities in 21 states employed 407 nurses in medical inspection of schools; that this inspection is under the supervision of both boards of health and education, the majority being under the supervision of the boards of health. The salaries range from \$35 to \$100 per month. Co-operation with district and other nursing bodies was reported satisfactory, and the character of the work was invariably instructional.

In some schools, the work of an inspector and nurse is with the mentally deficient or backward, or with special classes, as the classes for

the deaf, open-air classes, etc.; in others, the work is with the normal children whose defects are those belonging to any ordinary child, and which, if corrected, would render his work in the school more efficient and his life more purposeful.

The absence of literature on the subject, which was asked for was marked; but that seems to be accounted for by the comparatively recent development of this work, its changing nature, and the necessity of adapting it to different neighborhoods. In Idaho, bills for medical inspection in the schools throughout the state are to be submitted to the legislature at its next session. This, I presume, would include the request for nurses to do the follow-up work. The state of Washington has already established school nursing in a chain of cities; Massachusetts is taking it up extensively, New York also and New Jersey are working it out in various ways.

In Dr. Winslow's splendid report of public health work, read at our last session, he gives only 24 cities as employing school nurses as against the statistics just quoted, showing the demand for them has trebled since 1911.

In infant mortality and milk station work, 17 cities in 14 states report employing 144 nurses; midwife inspection with instruction was reported from two cities employing nine nurses. Inspection of contagious disease cases with instruction in their care at home was reported by one city only.

We who are familiar with the problems of child life in a crowded city know how impossible it is to take up the physical side of life without touching on the moral, and how easy it is to dwell on any subject needing attention, making it a part of clean living as a whole without giving it undue prominence. This may be accomplished by nature study, so fascinating to children, and which I can see may be made a part of nurses' teaching of personal hygiene. Here some of the nurse's best work may be done.

Beside the municipal health workers, all welfare workers employed in factories, shops, and mining towns are properly health nurses. It is impossible to estimate the number of these workers, but we are told that nearly every department store in large cities employs one or two of these nurses.

With such a pressing demand for nurses in all branches of our new work, there is danger, of course, of an overstocked market in the future. There cannot be too much of a good thing, but there can be far too much of an ill-educated, underpaid, unsupervised nurse, who does more harm than good to the cause for which she is working. There is danger also that she be exploited or commercialized, all of which may be regulated

by organization and by the education of the nurse by those who are in a position to know the demands likely to be made on specially trained workers.

Among the literature sent us in response to our questionnaire, we notice several bulletins issued by health departments, which seem to me to contain information very valuable to nurses, and I suggest that any nurse in touch with such a publication forward monthly to the proper department of the *NURSING JOURNAL* such items as she deems of value.

ANNA M. KERR, Chairman.

### REPORT OF COMMITTEE ON CARE OF INSANE

To obtain information concerning the work done in the state hospitals for the insane, the committee sent the following list to a large number of hospitals where training schools have been organized:

1. What advancement has been made in your school along the following lines, namely (a) separation from attendants; (b) shorter hours; (c) better food and lodging; (d) improved methods of teaching?

2. What obstacles do you find in the way of advancement?

3. What suggestions would you make to the committee to improve conditions?

In answer to the question of segregation of nurses from other employees, the majority answered that nurses were distinguished from attendants by variations in the uniforms and in salaries.

All wanted the responsible positions filled by graduate nurses, graduate nurses only being considered for promotion.

Two reported having separate sleeping quarters and separate tables in the dining room for the nurses. One reported having a separate dining room. Hours of duty remain about the same.

As to better food and lodging, improvements reported have been along the lines of better quarters rather than better food. In many hospitals the charge nurses continue to sleep in the wards of which they have charge.

All reported improved methods in teaching. One superintendent who had been opposed to the establishment of a training school writes: "We employ the best superintendent of nurses that we can get and just now, I know, we are giving the best course of lectures known in the history of the institution."

To the question, What obstacles do you find in the way of advancement? one reported that no obstacles stood in the way. Others reported that the chief obstacles were: (1) the small salaries paid the nurses and attendants; (2) long hours and the consequent wear and tear of the

nurses; where these conditions exist, great difficulty is experienced not only in keeping the nurses and attendants, but the nurses find it extremely difficult to study and prepare for their lectures and class work; (3) the majority of women who apply for admission are too young and their education too limited for the work of the attendant; (4) the present living conditions of the nurses and attendants; (5) the low salaries paid to charge nurses and supervisors of the various departments.

In answer to Question 3, What suggestions would you make to the committee to improve conditions? all but one suggested better food, higher salaries, better lodging, shorter hours on duty, and more thorough instruction.

A small number felt that a greater distinction should be made between the nurse and the attendant, more than a slight variation in uniform, which is scarcely noticeable. One suggested that a high school education should be required of those desirous of taking up the course and special instruction should be given to those lacking this qualification, making a distinction between nurse and the attendant; also that more general hospital graduates with experience in mental nursing be employed as teachers, supervisors in charge of hospital wards, and recommended affiliation with general hospitals for at least six months.

These data, though meagre, convince us that these schools have improved and that there is a general awakening on the part of the hospitals and the public to the value of an efficient nursing service from an economic stand-point. It costs a lot of money not to provide good care for the mentally ill.

Quoting Dr. Russell, formerly of the State Hospitals Commission of New York, "so indispensable to efficiency is the training considered, that the Commission of New York requires that even in the small licensed private institution and houses at least one graduate nurse be employed as supervising nurse. That the establishment and work of the schools have been extraordinarily helpful in bringing about improved methods in the treatment and care of the insane."

The great possibilities within reach of these schools are far from being realized. In New York State, state supervision of the training schools is the great stimulus toward raising the standard. The hospitals are all making strenuous efforts to meet all requirements.

Your committee makes the following recommendations:

1. The establishment of schools for nursing in every state hospital where they do not exist. Each school to have a superintendent of nurses who shall be a graduate nurse with special experience in mental nursing.

2. Provision be made for an efficient teaching and supervisory force. Provision for post-graduate course.

3. These schools to meet the requirements for state registration.

4. Better food, better quarters, shorter hours, better salaries for the graduates, to retain in the service for the hospitals those who are efficient.

5. Better instruction in general and mental nursing in the lecture- and class-room, with better supervision of the pupils' work in the wards.

6. More distinction should be made between the nurse and attendant.

7. A course in training of at least two years should be given to the nurses and a course of one year to the attendants.

8. Affiliation with general hospitals for at least six months to give the nurse experience in general nursing, preliminary to her course in mental nursing.

9. That general hospitals which give a three years' course should give their pupils a course of at least three months in hospitals for mental diseases. This would do much toward stimulating interest in the care of the insane and attract a better grade of women.

We are convinced that if our living conditions for the nurses were up to the standard and if we had shorter hours, and if we drew the line more distinctly between the nurse and the attendant, we would attract more of the educated women than the general hospitals, as there is practically no drudgery in this training. Mental nursing is fascinating only to a well-trained mind.

When we consider that this field of nursing has never been included in the movement for better nursing of the sick until recently, and that women of the highest character and intelligence did not take up this branch of nursing, and graduates with superior attainments of general hospitals were not sent to these hospitals to organize schools as in the general hospitals, we feel that a great work has been accomplished since the organization of the training schools.

Gradually we hope that this branch of nursing will receive the consideration and support of the public that is extended to the nursing of the sick in general.

This work needs the co-operation of every nursing activity. The field is a large one and the workers are but few.

ELLA B. KURTZ.

The paper on obstetrical nursing, given by Dr. DeLee at this point in the proceedings, is omitted, with the discussion following, as it is not yet available for publication.



## THE HOSPITAL HEAD NURSE

By BERTHA W. ALLEN, R.N.

IN the every-day world and even in the nursing world the importance, the responsibility, and the advantages of the position held by the so-called hospital head nurse are hardly realized, but its opportunities for usefulness to her fellowmen as well as for the improvement of her own character and ability are manifold. It is no doubt true that the position is an outgrowth of the necessity that the hospital work should be facilitated; but that the nurse has been alert to grasp all the other opportunities it offers proves her wisdom, which is greater or less according to the degree of success she attains for her hospital, for her sick, and for herself.

Not by any means is her sphere limited, because her opportunities for coming in daily actual contact with the nurses in training and with the patients is even greater than that of the superintendent. Her power for good or bad may not always be visible, but its influence (and none in the hospital is felt more than that of the head nurse) will be felt and

“No life can be pure in its purpose and strong in its strife.  
And all life not be purer and stronger thereby.”

An institution may have a good superintendent who will organize and lead, it may have good doctors on its staff who will do good work, and capable men and women on its board of trustees who will supply the necessities, and yet the hospital's good reputation be gradually undermined if the head nurses in the several divisions are not loyal to their superintendent and their hospital.

In this, as well as in any position she may hold, she will do well to anticipate the wants of her superiors and associates. Having become accustomed to her superintendent and her visiting doctors, and knowing the little peculiarities of each, she most truly anticipates if she can have their work in conjunction with hers pass off so smoothly that there is a feeling of relaxation and satisfaction when it is completed. But lest she place herself on too high a pedestal, she must recognize the deficiencies in her hospital and in herself and, making herself receptive to absorb the best in those about her, she may with her concentration of forces, her keen supervision over all, and her personal interest in each nurse, maintain the dignity of the training school and keep her hospital one of the foremost, thus making the head nurse a necessity and a blessing.

Much depends on the calibre of the nurse herself. Schools and colleges are a great aid in forming a good foundation for her life work, broadened by her three years in the institution where daily she is obliged to practise her theories as she meets the greater problems of life and death, and the minor details of the ward work, and not least is the good home training, giving many qualities essential in the make-up of one who holds a position subject to the criticism of men and women.

She must not abuse her strength, thinking she can stand any amount of work and for an unlimited time. This is one form of disloyalty, and no one sympathizes with a person needlessly worn out. Her mental attitude quickly affects those with whom she may come in contact, therefore a cheerful sunny disposition is one of her greatest assets. As the doctors who are busy with outside practice make their daily visits and leave their orders for treatment, they must depend upon the head nurse for their execution; therefore if a doctor is worried about a patient or his work and unconsciously speaks quickly, she should be always willing to receive criticism in a kindly manner as it is doubtless intended, and not make it an occasion for tears because, as has been said, "If emotions sway her, if quick tears dissolve the dignity of her manner when correction or unconscious brusqueness comes her way, she is almost sure to fail."

More and more it is being realized that the best work is done by the nurse who for a few hours has a radical change in the daily routine. Let this change be pleasing to the individual idiosyncrasies. One nurse gains more by a game of tennis, which certainly infuses new life, giving oblivion to self and work, thereby relieving the nervous tension under which she is unconsciously held. Others spend an hour walking or reading fiction or a favorite author. Many hurt feelings have been lost in a crocheted sweater, and much madness worked into a uniform by the nurse who took her recreation sewing, by that means accomplishing two goods, a well-made dress and a relieved mind.

"A chain is only as strong as its weakest link," and though it should not be, yet the nursing profession is most often judged by its weakest members. It is criticized for the nurse who, lacking a good home training, lowers herself by discussing subjects in a vulgar manner, or by the head nurse who, carried away with her own importance, would impress one with her knowledge which she considers infallible and superior to that of her associates as well as those in authority over her.

The final summing up of her qualities may be expressed in the one word loyalty. Loyal to her training school, even in such details as her uniform, which should be neat, simple, and adhering as closely as possible

to the hospital costume; for not only is the hospital which she is serving helped or marred by her, but her general conduct is a reflection on or a commendation for her own training school. She shows her loyalty to the hospital by the way in which she maintains the traditions of the institution, even though to her they may seem useless. For some good reason in the past these customs must have been established, some occasion demanded their enforcement.

Not a minor detail is her care of the hospital property. She cannot always control the waste in food and in supplies, but her influence can be on the right side and her efforts will be appreciated. Even in those hospitals where money is not such a serious consideration, the authorities will be more willing to grant her request when conscious of the honesty and sincerity in her quick obedience and apparent pleasure in helping to carry on the system.

The hospital head nurse should receive consideration, for she is the one who aids most in the daily discipline which adds so much to the general tone of the institution. To her more than to any one with whom the patients may come in contact while in the hospital is given the privilege of teaching them personal hygiene, self-respect, better modes of living; and with a word dropped now and then as she works among them, giving personal attention to their treatment, assuring them that their comfort is her first consideration, she makes them feel that it is worth while to live a clean life; and they go out to their homes dispelling some of the horrors of a hospital, for even to-day do we hear that that one did not get enough to eat, or another was tied in bed, or the doctors just experimented on a certain patient. The ex-patient advises the friend, who perhaps for several years has been in need of surgical aid but dared not risk going to a hospital, to go to her hospital. So the work grows, the people are helped, the hospital's financial and moral standing in the community is improved and the nurses gain a broader experience.

As the pupil nurse conducts herself while in the hospital, and as she goes into private practice the manner in which she cares for her patient, the way in which she copes with the problems of family and servants bringing calm out of chaos, the way in which she uses the household furniture and utensils—by these and her own personality is the hospital judged and the demand for its nurses increased. And the head nurse is the one who has the opportunity of influencing and moulding the lives of those nurses who come under her instruction, and in this lies her greatest power.

## DISCUSSION, ANNIE E. RECE.

As has so often been said, "a nurse must work out her own salvation," and this is especially true of the hospital head nurse. She may have been graduated from an excellent school, bring good recommendations, but she must also bring adaptability, a pleasing manner, and the faculty of making friends, or be, as men say, "a good mixer." This is most essential in the head nurse in the private patients' department or a private hospital. There is no better post-graduate work than being a head nurse in an up-to-date school for nurses, but is it fair to the institution to take such a position for a few weeks or months? Nothing is more detrimental to a school nor more unjust to student nurses than a constant changing of head nurses.

If you want the experience, there are always opportunities for such during the vacation months. A competent head nurse as a teacher—and that is what we are—should have had at least six months of real private duty, from case to case, country and city, with rich and poor, not one or two wealthy patients, else how will she know what and how to teach the student nurses to properly care for a case and meet emergencies far from the conveniences of a hospital?

The head nurse must be progressive. She must study and keep up with the times. She should attend the hospital lectures often enough at least to know when methods of administering treatments have been changed and not criticize a student for not doing as she was taught, when she is doing it according to the lecture. She must affiliate and co-operate with the nursing organizations in her community and be a member of the *alumnæ* of her alma mater. Is it not a natural supposition, when you go among strangers and are not a member, that it is a question of eligibility?

The duties of a nurse in a hospital ward where all of the patients and nurses are under her eye, and an interne always on call, is vastly different from the nurse in a private hospital where the patients are scattered along two or more corridors, and one is not sure of what is being done behind those twenty or more closed doors by ten or fifteen nurses. You know what you and others have taught them in the wards, where constant supervision is possible, but they have original and sometimes unique ideas, and the results are not always satisfactory. The head nurse is responsible to the doctor for these innovations.

By private hospital, I mean such a one as I represent; private in that it is under the auspices of the Episcopal Church, and here let me digress long enough to say one word for our Board of Lady Managers,

especially the School Committee; we would not change nor exchange them if we could, nor would we be without them. The hospital is interdenominational in every other respect. Every patient has his own doctor, and at the time of writing there are 20 doctors coming to one floor to see 24 patients. We are fortunate in not having internes, but the head nurse must be capable of meeting emergencies in 20 different ways, for it is seldom that two doctors treat even a chill the same.

The student nurses profit by much greater experience than where an interne is always there to do the dressings—give hypodermoclysis, proctoclysis, vesicle irrigations and the many anti-serums and vaccines of to-day.

To be called upon to act as first assistant in the operating room is not uncommon. A nurse usually acts as second assistant and these duties do not seem so tremendous when you have seen your head nurse do it and have been taught that you must expect to do it, especially when the obstetrician is slow in coming, but the baby isn't. If the head nurse keeps her wits about her, the nurses lose their fear and that terrible feeling of helplessness.

The head nurse must also be a cook, regardless of dietitians, and most decidedly a manager; executive ability is quite as essential as in a superintendent. When between twenty and thirty trays are set, served, carried, and collected by the nurses, the head nurse must then teach them how to do it systematically and in order.

Then last, but not least in consideration, with the coming of the spring with its tender green come the probationers. This is the busiest time for the head nurse in the private hospital, for she must personally make rounds with each one and show them how each thing is to be done, where each towel, etc., is to be placed and why certain tasks must be performed by the nurses and not by the maid. She must eradicate many false impressions, encourage self-confidence and assurance in one and discourage it in another, for many know much more than you do, during their first week.

#### FRIDAY AFTERNOON SESSION

The meeting was called to order at 2 P.M. by MRS. COLVIN who presented the following recommendation from the Advisory Council: That the American Nurses' Association appoint a committee of three to district the United States with a view to sectional meetings of state presidents and to further in every way such meetings.

MISS WARNER moved that this recommendation be adopted and the president appoint the committee. Carried.

MRS. COLVIN.—We are now ready for any recommendations or change of By-laws if there are any.

MISS AHRENS.—Madam President, I move to amend Article 7, Section 2, of the By-laws by substituting "nine" for "seven" and by inserting "The President of the National League of Nursing Education and the President of the National Organization for Public Health Nursing shall be members ex-officio" and by adding a new section to read "The President of the National League of Nursing Education and the President of the National Organization for Public Health Nursing shall be members ex-officio of the Board of Directors without the right to vote." Carried.

Moved by the secretary that Article 6, Section 1, of the By-laws be amended by inserting "and the editor-in-chief of the *AMERICAN JOURNAL OF NURSING*." Carried.

MISS NICHOLS.—I move that we recommend to the Board of Directors that the salary of the secretary be increased as the funds will allow. Carried.

Mrs. Hartridge and Miss Keely requested that their papers be read by title and take the time for other questions. (Miss Keely's paper has not been received for publication.)

## NURSING PROGRESS IN THE SOUTH

By AGNES C. HARTRIDGE

BEFORE undertaking to discuss the progress that has been made in nursing affairs throughout this locality, I should first state that in my use of the term "the south," I am including not all of Dixieland, but merely that small portion of territory lying within Georgia and South Carolina boundaries, where nursing history of any kind is so comparatively recent that our first real nurse received her diploma from the New York City Hospital in 1890, and our first training school was opened only in 1898. Long before the occurrence of either of these events, however, tradition tells us that the "born nurse" was in our midst, for our pioneer in abdominal surgery for women, Dr. H. H. Battey, always received his patients into his own home for operation, and would proudly declare that any success to which he could lay claim was entirely due to the fact that his wife took entire charge of the nursing of his patients.

The wave of professional awakening, which has resulted in the organization of nursing associations and the rousing of a deep sense of responsibility toward the nurse of the future, reached us about seven years ago, and has never entirely subsided, though there have been protracted calms. Georgia had little difficulty in securing what was asked for in the way of registration laws and an examining board composed of

nurses, appointed by the Governor from recommendations submitted by the state society. This board has now been in operation for six years, holds annual examinations, and has registered 471 applicants. It is roughly estimated that there are 600 nurses in the state. The state society admits only registered nurses to membership, and works in harmony and sympathy with the board.

As an illustration, it has lately united with the board in meeting the expenses of a state secretary whose special duties have been to visit each training school and secure data in regard to changes or improvements in teaching methods during the last year, address each senior class on state work, registration, and Red Cross work, and to distribute application blanks, literature, etc., on these subjects.

As a direct result of our registration laws we have forced schools to abandon the former universal practice of sending out pupils for private work, and have raised the course of training from two to three years. Affiliation between the special and general hospitals is gradually being brought about, and through the close scrutiny kept over schools by both the state society and the board, a general feeling of uneasiness and apprehension has been set on foot—which is much more encouraging to progress than the placid self-satisfaction of the past. Through the demand for a broader curriculum, schools are abandoning the practice of placing their own graduates in charge, and we are teaching these same graduates to see for themselves that they are not equipped to undertake the training of others, and that that custom is not only conducive to petty sectional jealousy, but begets such a subservience of will and free thought to the judgment of the powers-that-be, whether hospital owner or hospital board, as to effectually check all growth and expansion for the school.

South Carolina's constitution prohibits women from holding office, and the best that could be done there, when their bill was framed, was to have an examining board composed of the State Board of Medical Examiners, which has necessarily greatly hampered the work of the state society. Their laws have been in force for two years and 327 nurses have been registered under a two-year waiver permitting registration without examination.

A few weeks ago a nullifying amendment was passed whereby graduates from the state hospital are entitled to registration, without the previously required six months' supplementary training from a general hospital. The legislative committee of the state society fought the matter strenuously and intelligently—a strong appeal being presented in person to the General Assembly. Its efforts failed because the state medical

association was in favor of the measure and because the medical board was quiescent. An inquiry addressed to this board by the secretary of the nurses' examining board of another state, relative to the position assumed toward the measure, brought forth this remarkable reply: "Our board takes no position except to obey the law as recently passed." The defeat of this amendment would have prevented a grave injustice to the nursing body of the state, but its success cannot take from those nurses the professional pride and enthusiasm which it stimulated, the united interest in registration which it fostered, and the earnest, clear-headed, logical leaders which it is developing.

To northern and western minds, registration requirements throughout this locality are low—for Georgia has no previous educational requirements, and South Carolina requires only two years of training. A broad outlook over existing conditions, however, will show the training-school question so dominated by pioneer hospital conditions and the inadequate public school and medical school facilities, that to set standards in advance of these concurrent interests would seem inadvisable. Evidently there must be a general elevation along these side lines, before we should be justified in eliminating our present minimum requirements. We have set the brake against any further down grade, and our work must now be broad enough to create a demand for better preparation of the raw material before it comes into our hands, for better facilities for the care and training that we must give it, and for a more general appreciation of this same material when it leaves our hands as the finished product.

When hospitals have no endowment and are in receipt of only the most inadequate appropriations for city and county charity work, the commercialization of the training school becomes a natural sequence, and it is futile to discuss the necessity for paid instructors or better housing conditions for the pupil nurse, with the hospital board, or to hope that the superintendent of hospital and nurses combined, who has probably been doing both day and night work for years past because a graduate night superintendent could not be afforded in the opinion of the board, will enthusiastically endorse any plans for further expenditure of money. When rural schools are so few and far between that the average country girl is forced to finish her "schooling" at the age of fifteen, it is also futile to require that schools must reject applicants who do not hold a high school certificate. Such a demand would promptly be met with the unanswerable argument that as graduates could not be afforded, such material as offered must of necessity be accepted, and inquiry would develop the fact that "go North" is such well-known advice for our



young women to receive, when vocational training of any kind is under discussion, that it is a matter for surprise and comment to learn that a well-educated, refined girl has entered one of the home training schools. Up to the present date we have no affiliation between hospitals and medical schools, and our hospital boards are invariably composed of physicians who lack previous experience in training-school methods or work, and who see in the pupil nurse merely a helpful attendant, a pretty young woman, or a prospective financial and professional rival. How futile to make such boards comprehend the real issue between the school and the pupil, or understand that after all it is merely a question in economics; that it would eventually greatly benefit the hospital to put the school on a more liberal allowance, thus permitting up-to-date methods of teaching and training, with the view of attracting a better class of applicants and turning back that steady stream now flowing northwards. These questions have seemed too far-reaching in extent for us to handle alone, but through our affiliation with the Federation of Women's Clubs, we are securing and giving help in working along the following lines: compulsory education, increased public school appropriations, vocational education in connection with high school work, state control of vocational education. Results may be slow, but only through a solid foundation will our efforts result in permanent and sweeping improvements.

No discussion of the nursing question in this part of the south would be complete without touching upon the part taken by the negro nurse and her relation to the question as a whole, for at present she is occupying the unfortunate position of the "big stick" with which our dissatisfied small medical men are trying to break our heads. Rejected applicants have been urged to sue the board, and negro physicians have been incited to make claims of "unfairness" against the board on the ground that it was actuated by racial prejudice. Neither Georgia nor South Carolina makes any distinction as to race or color in applicants. All who are legally and morally qualified are accepted, but as the few negro training schools we have are not on a par with even the minimum educational requirements, their graduates cannot be considered as eligible applicants, and the only negro registered by the Georgia board has been a graduate of a New York school. It has been asked through the editorial column of a representative hospital organ whether we were doing our full duty toward helping these schools to adopt a broader curriculum, and toward encouraging them in their aim for higher educational standards—the inference being that the educational feature, alone, of these schools was at fault. To such questions we should like to reply

that as it is an accepted fact that "the soul of improvement is the improvement of the soul," and that as the soul of a training school is embodied in the make-up of the pupils and teachers, and exemplified by their habits and standards of living, improvements must extend back to the home environment and be more sweeping and radical than those with which state boards deal, if the negro pupil is to embody our ideals of morality, refinement, and culture.

The graduate negro nurse, as we know her here, fills a valuable place in the nursing scheme; she is a well-trained, practical nurse, and at a salary of \$15 to \$20 per week is to be found on obstetrical cases, as the second nurse in acute cases, and on long chronic cases, in the home of the small wage-earner. Her position in the household is essentially different from that of the white nurse—not necessarily because of inferior professional qualifications, but because, belonging as she does to the servant class, conventional society draws a dead line, beyond which no magical power of an R.N. title could enable her to pass.

It has been predicted for us that the direct competition between the high-salaried and the low-salaried nurse would eventually result in an economic throat cutting. Why more so than the big-fee and the little-fee doctor? There will always be people who, from necessity or from choice, select the cheaper article, just as there will always be doctors who prefer the "under"-educated to the "over"-educated nurse, and as the correspondence school graduate is unknown with us, we believe that our exemption from that fraudulent class of nurse is due to the presence of our trained practical negro nurse, who fills the need of the community for a good second-class article.

In following up the various lines of work going on either by or under the direction of nurses, in Georgia and South Carolina, we see school nurses, district nurses, settlement nurses, parish nurses, insurance nurses, Red Cross nurses, institutional nurses and private nurses, state societies and local societies—but the observer will be struck by the apparent fact that work is being conducted along the line of action rather than creation, and that we lack trained and intelligent leadership. We are painfully conscious of this need ourselves, and ascribe it principally to the fact that so few of our southern nurses have had the advantage of a college course preparatory to their vocational training, and so lack that capacity of grasping and handling effectively complicated situations, which college life develops, and which has been so invaluable to the work of our club women who have taken prominent part in the development of large movements of public interest and welfare.

History tells us that in the stress of warfare, either religious or

civil, such leaders are created by the very intensity of the need, so we have the right to hope that ours is in the process of making. In the meantime, we are looking to those of you, who, as graduates of well-equipped, well-conducted schools, are gradually assuming control of our southern schools for the initiative in further advance and progress. We believe that you have come to us prepared to give of your energy and loyalty and knowledge, because you believe the nursing question to be as one all over the country, and that you will identify yourselves with our state work, instruct yourselves as to our legal requirements, and reinforce our weakness by the support of your hearty sympathy and warm co-operation.

### REPORT ON THE CORPORATE SEAL

MISS RIDDLE.—In presenting this report your committee begs to state that instead of forming a regular committee it seemed wiser to consult a larger body of women by correspondence. Accordingly 20 letters were written to 20 representative members of the association, plans submitted and advice sought, with the resultant plans as you see them before you on the blackboard. No. 1 represents a photograph of a statuette of Florence Nightingale, as it appears on the cover of the booklet giving an account of the great Nightingale meeting in New York two years ago, surrounded by the words "Humanity" above, "Service and Efficiency" below, which we believe cover the ground of what we stand for; "The American Nurses' Association," the title of the association which would use this seal, surrounding the whole, and the date of the formation of this society, when it was known as the Associated Alumnae, 1897, at the base.

No. 3 represents an artist's conception of a lady with a lamp, and in many respects it is really a very good figure. The middle figure, No. 2, is a portrait of Miss Linda Richards, a poor one. There are others that are better and might easily be obtained. These three forms are presented to you. Since coming to the convention, many of the older nurses have pressed me to urge that in some way Miss Richards' portrait might become a part of this seal. It might be that her face might be used in connection with the figure of the lady with the lamp, which portrays strength and suggests helpfulness. In that case we would recommend that she hold something in her hand other than a lamp, possibly a scroll bearing the inscription of the three words, "Humanity, Service, Efficiency."

These types are presented to you for your choice and adoption, or

for your utter rejection. If you should wish to say, "Return and do this better," that also is your privilege. However you may decide, I wish to make one small plea for the use in some way of the portrait of Miss Richards. First, she is our oldest nurse; she possessed a diploma bearing an earlier date than any other in America. She accomplished very much. She organized more training schools that have afterwards been approved than has any other. Many of those methods you are using to-day emanated from her brain—not only the simple but also the great. Consider the diversity of her organizations, hospital and training-school work, visiting nurse work and that greater and more difficult work of organizing schools whereby the insane might have better and more efficient care. I cannot tell you how many of these schools she organized, but I do know that she always planned to get a school on a good sound basis and then move on, giving herself never more than two years in which to accomplish this.

You heard much here yesterday about the work of nursing in Japan and you recall how we honored the speakers with our applause. Do you know that Miss Richards founded in Tokio, Japan, the first training school for nurses, having been sent out there by the American Board of Foreign Missions for that purpose nearly 30 years ago? She remained five years and returned to this country, her own country, to continue her work of organization, construction, and reconstruction, and she is all our own; born and reared upon our soil, trained and fitted for her chosen work in our schools, loyally devoted to our needs and to the needs of the world. Might we not honor her, our own, in this small way, and prove to the world that loyalty and gratitude have not entirely perished from the earth?

In the discussion that followed, it was decided to adopt the third of the designs, with Miss Richards' likeness for the face, and the whole matter was referred back to Miss Riddle and the Executive Committee to work out in detail.

MISS CRANDALL.—The Public Health Nurses who have met this morning take great satisfaction in announcing to their sister nurses of the order generally, and the American Nurses' Association, that they have organized by unanimous consent a national association which they have chosen to call the National Association for Public Health Nursing. There are two or three very prominent and interesting features which I will not take your time to report at present, but you will hear of them in the *JOURNAL*, and especially one which Miss Johnson's report will cover.

## REPORT OF COMMITTEE ON DISTRICT NURSING

As chairman of the Committee on District Nursing appointed by you at the last meeting of the American Nurses' Association held in Boston, I beg to report that after serious discussion and much earnest consideration concerning visiting nursing in this country, we reached the conclusion that the greatest need was the adoption of a national standard and the safe-guarding of such a standard through some form of national organization. Your committee, therefore, asked to have a joint committee appointed representing the two national societies to take over the matter. You have already heard the report and recommendations of this committee.

MATILDA L. JOHNSON, Chairman.

## REPORT OF COMMITTEE ON THE VISITING NURSE SEAL

The Visiting Nurse Association of Cleveland, through the generosity of two of its trustees, Mrs. E. S. Burke, Jr., and Mrs. Robert L. Ireland, is able to offer as a gift to the national association a seal designed by the sculptor, Herman Matzen of Cleveland, and which portrays the following idea:

The tree of life represented by a young tree in the hand of a kneeling woman and bearing this legend: "And when the desire cometh it shall be a tree of life," indicating that the great work to which visiting nurses are dedicated is the implanting in the hearts and minds of the sick poor the desire for better, cleaner, higher living that will enable them to work toward their own rescue from the unfortunate conditions which hold them back from happier things.

The adoption of this seal as a national emblem and as an insignia to denote a standard of visiting nursing was one of Mrs. Robb's dearest wishes. It has until now been impossible to make this a gift to the visiting nurse associations of the country because \$250 of the \$500 which the design cost had not been given. This gift the Cleveland association has now received, and we cannot help feeling glad that the seal should now have an opportunity of being offered to one national association rather than to many associations doing visiting nurse work. Great work calls for a great standard and the standard calls for the protection of a national organization.

As delegate of the Cleveland Visiting Nurse Association, I am glad to present to you this seal together with the papers which protect its use by copyright and which assure to the national organization and to the three visiting nurse associations already using it the exclusive use of the seal.

MATILDA L. JOHNSON, Chairman.

At this point, Miss Giberson brought up again the subject of the Nurses' Relief Fund, and after some discussion in regard to the rules, regulations, management, etc., it was decided to postpone a decision on the recommendations, section by section, until such time as the fund had been further developed. Mrs. Colvin called for pledges to this fund from the members present.

Miss Palmer was called upon to read her paper on "The Responsibility of State Associations in the Administration of Their Registration Laws."

MISS PALMER.—The time is entirely too late for the reading of a paper, but there are a few suggestions in my paper that I am anxious to have brought before you and I will give those.

Many of you know that last year the American Medical Association appointed a committee to study hospitals and training schools for nurses in this country. We may infer from the announcement made by Dr. DeLee that there was a report and a paper concerning nurses and nursing and their standards submitted yesterday to the American Medical Association, now in session at Atlantic City. In view of the fact that a national association of doctors has taken up the question of the training of nurses and training schools, it would seem to me that the time has come, and I make it as a suggestion, that this American Nurses' Association should now ask of the American Medical Association a conference between the committee appointed to consider training schools from their association and a special committee appointed from this association to meet them. I do not mean to go into the details or the reasons for it; you all understand.

I was going to make as a closing paragraph in my little paper this recommendation: that we might have in connection with the work of state registration in this country a committee appointed from this association, representative of all sections of the country, to draft such amendments as will make registration for nurses uniform in all states of the Union; such amendments to be brought forward in each state separately during the same year. I make this suggestion, because from my view-point in the *JOURNAL* I see an immense amount of duplication of work being done in the different states; busy women devoting their time which should be devoted to recreation or pleasure, threshing away at the same problems that could more easily be solved if these different workers could come together and agree upon some certain lines of procedure and then the same amount of energy be spent in putting plans into operation from such recommendations as a committee of this kind would make. Each state would select such amendments as seemed most important to be brought forward first. There would be nothing arbitrary about it; it would be advisory.

We need a set of rules and regulations for the guidance of state boards when newly appointed. We need a greater uniformity in the questions to be submitted. We need a great deal of study of such questions on their relation to the practice of nursing rather than to the practice of medicine, as is often the case where the instruction in the training schools of a state has been principally medical. Each year would bring new developments.

In seven states, in securing state registration, nurses were able to

make state registration compulsory. What can be done in seven states can be done in all the other states. We need immediately in these other states amendments which shall make such registration compulsory; which shall provide proper inspection for training schools where not provided for; which shall legalize preliminary requirements or standardize them; which shall hold all surplus funds to be used for the administration of the law and not to be turned over to the state treasury, as is the case in some states. We need state appropriations where the amount received from registration is not sufficient for the administration of the law. We need amendments providing for the proper classification of training schools by the boards of examiners. We need the hours of labor, both in hospitals and private duty, remedied. Of course we could not expect to bring all these things in one year, but we should be getting ready, in my judgment, and that is my last word to you, that the first great effort be made simultaneously in all states where registration is now optional as an amendment making such registration compulsory.

MISS McISAAC.—I move that a committee be appointed by the League for Nursing Education to ask for a conference with the committee appointed by the American Medical Association to consider the education and training of nurses. Carried.

MISS EYRE.—I wish to speak for the committee which met in the back of the house yesterday for the state boards, in which a recommendation was offered that we might have a section devoted to state registration and its administration, showing that we already had the same thing in motion that Miss Palmer suggests.

MISS GILES.—You all know that there was a special conference held yesterday of the state boards of examiners, and at that meeting we adopted resolutions making them short, to give you just as little of it as we could.

1. *Resolved*, That this conference recommends that the training schools for nurses require as a minimum preparation a grammar school certificate, and also require an entrance examination in the subjects of English, spelling, elementary physiology, hygiene, history, and arithmetic.

The reason that was suggested is because there is quite an indecision as to what is meant by one year of high school and so it was suggested yesterday that we put these branches in.

2. *Resolved*, That a committee be appointed to determine what would be a minimum unit of practical experience in the different departments of nursing work required in the professional education of a nurse.

3. *Resolved*, That state inspection is absolutely essential and therefore that in those states where inspection has not been provided for by law, the state nurses' associations in those states should assume the responsibility for such inspection.

MRS. POTTENGER.—I move that this society endorse these resolutions and that a committee be appointed by the president to take up this matter. Carried.

MISS RIDDLE.—I want to call your attention to the fact that it is our duty

to consider the election of four delegates to the International Council. There are some very definite instructions which certain of our members have made, or requests which they have made, that we give instructions along certain lines. I think, however, there are others who could present this matter of the instructions much better than I.

MISS DELANO.—As the association does not pay the expenses of these four delegates, only those of the official delegate of the Federation or whatever we please to call it now, I move that this matter be referred to the Council that they may find out who is going abroad, and make arrangements in that way. It is impossible to take it up in a meeting of this sort. I would also like to suggest that any nurses who intend going to Cologne should send their names to the platform if possible this afternoon, so that we might have them to act upon at the Council to-morrow if it is the wish of the Council to do it in that way. Carried.

MISS GOODRICH.—There is one important matter to be brought before the association. The delegates have some word to carry to the other side. We have a member who is internationally known, Miss Dock. We have a secretary, an international secretary; she is not our secretary, she is a world secretary of nursing and professional nursing, and that is Miss Dock. Miss Dock has the interests of nurses very much at heart, but she has another interest very much more at heart and that is the interest of her sex; she has asked that the association send over their recommendations concerning suffrage by these four delegates. Shall we vote for suffrage or shall we vote against equal suffrage? That is the question. I would like to make a motion that the association put itself on record as in favor of women suffrage.

MISS PALMER.—I would like to have the privilege and the honor of seconding the motion.

MISS DELANO.—At the last International Convention I had the honor of being one of the delegates and I was very much embarrassed by being forced to vote contrary to my convictions. My convictions are strongly and always for suffrage, and I should like to prevent any other delegate from being embarrassed in the same way.

MISS McISAAC.—We cannot possibly let it go negatively this time. How in the world will we ever face Miss Dock if we do?

A MEMBER.—I would ask the delegates from many of our associations if we have any right to put ourselves on record as to what our personal convictions may be?

MRS. COLVIN.—I think with reference to the society you have the right to speak for the association on questions that come up.

THE MEMBER.—But suppose there is a difference of opinion of members at home when you vote?

MRS. COLVIN.—I think you have a right to vote in the negative.

THE MEMBER.—Some of the delegates were instructed to vote for suffrage.

MISS PEMBERTON.—I took the occasion to ask our society what I should do in case just such a question as this arose, and they wanted me to use my own judgment and do as the association wanted, if I knew it did not conflict with my own opinion.

MISS DAVIS.—I did not have to ask our association this year whether they wished to favor suffrage. We voted in favor of it three years ago.

MISS GLADWIN.—As you all know, we had a tremendous fight in Ohio over



woman suffrage, and if I go home and tell them that this association approved of woman suffrage it is going to be of very great advantage to us, because state registration in Ohio depends on woman suffrage.

MISS AHRENS.—I think one way to convert nurses, if no other way, in favor of suffrage is to put them on legislative committees and send them down to the capital to try and get along.

MISS NOYES.—Madam Chairman, I wish to put myself on record as endorsing Miss Goodrich's motion.

MISS ELDBEDGE.—I am very well known in the state of Illinois as not being in favor of suffrage, at least as having no definite convictions. The state association of Illinois has not committed itself; but so many women of the association are in favor of it that I think it will probably do less harm to vote for suffrage than it would to the women of the country who want it to vote against it.

MRS. COLVIN.—I think, of course, that is quite right, but no delegate is obliged to vote in favor of a question that is brought on the floor. You can vote according to your convictions.

The motion was called for and put to a vote.

MRS. COLVIN.—I am afraid the ayes have it. It is carried.

The chair appointed two members of the Nominating Committee (according to the By-laws): Annie E. Rece and Lucy Minnegerode. The other three members elected from the floor were Ida F. Giles, Georgia M. Nevins, and Ellen Stewart.

MRS. COLVIN.—As the work of the special committees on public health, district nursing, and tuberculosis will be taken over by the new organization on public health nursing, it would seem unnecessary to retain these three committees.

Miss Giles moved that the three named committees be dismissed and retain the two special committees on Almhouse Nursing and Nursing of the Insane. Carried.

The report of the committee on resolutions was read by Miss Margaret Whitaker as follows:

#### REPORT OF THE COMMITTEE ON RESOLUTIONS

*Resolved*, That the American Nurses' Association tender to the chairman of the Arrangements Committee and her associate committees, namely, Social, Welcoming, Information, Publicity and Press, a cordial vote of thanks for the exceedingly well-planned and well-executed programme for our entertainment.

We wish to express our appreciation to Professor Charles R. Henderson for his invocation; to Mrs. Catharine Vaughn McCullough for her address of welcome; to Baron Ozawa, a member of the House of Peers of Japan and first vice-president of the Red Cross of Japan, for his glowing tribute to the nursing profession, and to Mr. Togo, secretary of the Red Cross of Japan, for his translation of the same.

To Dr. Joseph DeLee for his splendid address; to Dean Talbot, Miss Breckenridge, and assistants at the Chicago University; to the Board of Directors of the Illinois Training School for Nurses; to St. Luke's Hospital managers; to the Woman's Auxiliary Board of the Children's Memorial Hospital for the pleasure given us at different times.

To the American Red Cross for the loan of a part of the International Red Cross exhibit for the benefit of the nurses in attendance.

To Miss Giles for the work done in compiling the exhibit of records, blanks, etc., for state registration.

To the managers of the Auditorium Hotel and Orchestra Hall for the many courtesies shown us.

To the officers and directors for their efficient services during the year.

To Miss Delano for the wonderful work done by her in the army service and the Red Cross nursing service. To Miss Palmer and her associate for their splendid work on the JOURNAL. To Miss McIsaac, our interstate secretary, for the nursing enthusiasm she has aroused all over the United States, and last but not least, we wish to thank the ushers who gave us such faithful service.

Respectfully submitted,

M. MARGARET WHITAKER, Chairman,  
LINNA H. DENNY,  
MARGARET MCKINLEY.

MISS RIDDLE.—I am requested by the National League of Nursing Education to respectfully recommend that we all go to Atlantic City next year for our annual meeting.

Invitations were read from the Maryland State Association of Graduate Nurses to hold the next annual meeting in Baltimore, and from the South Carolina State Nurses' Association to hold the meeting in Columbia, S. C.

MISS SELDEN.—I move that we adopt the recommendation from the National League of Nursing Education and meet in Atlantic City in 1913. Carried.

MISS NEVINS.—We all and individually feel a professional delight in going to these different cities. We realize we leave an impression in those cities for many years to come. We also realize that in a certain sense we are a burden. Now wouldn't it be a good thing this time to take a vacation from all these cities and be our own guests and then go visiting afterward?

MISS DENNIS.—As the president of the New Jersey State Association I regret that this should not have come in the form of an invitation, instead of a recommendation; but at the same time if you decide to go to Atlantic City we shall be glad to welcome you and to assist all in our power to make the convention a success. If we cannot give you anything more we can give you plenty of salt air.

MISS DELANO.—I think one important point in going to Atlantic City was, as Miss Nevins said, we should be absolutely free and independent and not a burden to any one; so I think it should be definitely understood that all we would expect from the nurses of Atlantic City would be salt air.

MRS. TWISS.—I would like to say that my annual report was dated the

first of May, and since then till the first of June we have received \$2014. The amount of subscriptions received to-day for the Nurses' Relief Fund is \$1680.

MISS McISAAC.—May I say one more word in connection with the Relief Fund, and that is to remind the nurses of the resolution made by Miss Delano yesterday that a calendar will be prepared and you will reap the benefit in the Nurses' Relief Fund. It is to be one, I believe, that is suitable for every one, not only nurses but every one. Please look for the announcement of it in the JOURNAL. I have a contribution to the Robb Fund from the St. Luke's alumnae of New York City for \$50 a year for five years.

MISS DEANS.—I move that this association send greetings to Miss Linda Richards. Carried.

MISS McISAAC.—I am requested to offer a resolution:

"We, the members of the American Nurses' Association in session assembled, place ourselves on record as emphatically condemning the wearing of the nurses' uniform in the street or any public place."

I have been asked about this possibly five or six times in the last few days by nurses who have that to struggle against in various parts of the country. The practice of superintendents using their nurses on tag day in their uniforms in the streets ought to be put down, the influence and results of things of that kind are so far-reaching and so demoralizing to pupil nurses. No matter how repugnant it is to her to wear it in the street, she must do so. When it becomes the practice on tag day to approach people on the street, or going to a convention or something of that kind, it is time we took a stand against it.

MISS DELANO.—I want to have the privilege of seconding that motion. This matter we took up quite seriously in our meeting of the Red Cross committees. I think it is a custom that is spreading and a most dangerous and pernicious one, especially when in connection with the uniform they use the Red Cross. Carried.

The report of the tellers was read and the chair declared the following officers elected: President, Sarah E. Sly; first vice-president, Isabel McIsaac; second vice-president, Emma Nichols; secretary, Agnes G. Deans; treasurer, Mrs. C. V. Twiss; directors, Jane A. Delano, Mary M. Riddle, Mrs. Frederick Tice, Anna C. Maxwell, Annie Damer, Mary B. Eyre.

MRS. COLVIN.—It is, I know, a great regret to you all that Miss Sly is not here to speak to you.

I am going to ask Miss McIsaac, who is your first vice-president, to come to the platform.

MISS McISAAC.—I am going to spare you having to listen to me any more. I think you have heard enough. I want to congratulate the nurses in Chicago upon the splendid arrangements for us and upon ourselves for the splendid meeting we have had. I hope that we may come together next year and do even better work than we have this, and that Miss Sly may be with us.

The other officers were introduced and the meeting adjourned to meet in Atlantic City in 1913.

## REPORTS OF SPECIAL CONFERENCES

### REPORT OF THE PRIVATE DUTY NURSES' CONFERENCE

Meeting called to order at 11.30 A.M., Eleanor Eastman, R.N., Chicago, presiding. The parlor on the second floor of Orchestra Hall was filled with nurses, and great interest was shown in the various papers, all of which were interesting, instructive, and helpful. Unfortunately, the time allotted was so limited that no discussion could be held. It is hoped that at the next annual meeting more time will be given the private duty nurses for discussion of problems peculiar to their own phase of nursing.

The papers presented were as follows:

1. "A Word to the Unlucky Nurse," written by Miss Hill, New York, read by Miss McVean of New York, urged the nurses to be adaptable, not over-conscientious, and not self-conscious.

2. "How to Interest Nurses in Nursing Affairs," by Anna Greenlees, D. C., read by Miss Katz, Milwaukee. Miss Greenlees believes that no intelligent nurse can fail to be interested in nursing affairs when she becomes fully acquainted with them.

3. "The Sliding Scale of Fees," written by Miss Hodges, Chicago, urged a well-taught "code of ethics" first, then, if practical, a general scheme for varying fees.

4. "Hourly Nursing," written by Miss West, Chicago, read by Miss Borchert, Chicago, gave the nurses a very good idea of such work.

Miss Ott, of Morocco, Indiana, gave a very excellent talk on the nurse's relation to patient, doctor, family, other nurses, and self. Miss Graham, South Bend, Indiana, discussed Miss Ott's talk.

Respectfully submitted,

EMMA A. KATZ, R.N., Secretary.

### REPORT OF CONFERENCE ON MENTAL NURSING

Following the morning session of the American Nurses' Association, June 6, 1912, a conference on mental nursing was held at which Miss Cleland, of Providence, R. I., acted as chairman.

The conference first listened to a paper by Miss Sinclair, of Missouri, which opened the discussion of Miss Lathrop's paper on "The Appeal of the Insane to the Nursing Profession," which had been heard in the open session. Miss Sinclair gave an outline, which should be followed in training schools for nurses and attendants in the state hospitals, and closed with an important branch of nursing, the superintendency of the training schools in the state hospitals.

Miss Sinclair was followed by Miss Perry of Malden Hospital, who gave a history of the development of the care of the insane since reform first began with Dorothea Lynde Dix and her investigations, showing that while we had attained much in hospital building and equipment, we were still far behind in our nursing service. It is only during the last few years that this feature has received any attention. In order to attract the type of woman who is needed for this important form of nursing, those whose education of head, heart, and hand make them desirable for ministration in this highest form of sickness, we must make our training schools attractive, affiliation with general

hospitals must be had, and attractive courses arranged in psychology and psychiatry. Proper legislation should be sought and the laity in general interested.

A general discussion followed these papers in which Miss Kurts, of the Manhattan Hospital, New York, Miss Parsons, of the Massachusetts General Hospital, Miss Nash, of the Fordham Hospital, New York, Miss Van Sile, of Rhode Island, Miss Stuff, from Nebraska, and many others took part. All were of one opinion that the field of mental nursing is a wide one and of paramount importance; that its development is just begun; that training schools must be made attractive, and that for a well-rounded training, affiliation with a general hospital is necessary for the specialized hospital, and *vice versa*. Also that a more definite interest should be stimulated for this important branch among the general nursing profession. ELNOBA E. THOMSON, Secretary.

#### REPORT OF THE SPECIAL CONFERENCE ON STATE REGISTRATION

At a special conference on state registration laws held June 6, 1912, Mary C. Wheeler, presiding, the following resolutions were adopted with the request that they be endorsed by the American Nurses' Association:

1. *Resolved*, That this conference recommend that the training schools for nurses require as a minimum preparation a grammar school certificate, and also require an entrance examination on the subjects of English, spelling, elementary physiology, hygiene, history, and arithmetic.

2. *Resolved*, That a committee be appointed to determine what would be a minimum unit of practical experience in the different departments of nursing work required in the professional education of a nurse.

3. *Resolved*, That state inspection is absolutely essential and therefore that in those states where inspection has not been provided for by law, the states nurses' associations in those states should assume the responsibility for such inspection.

Moved, seconded, and carried, that a committee be appointed by the Chair, for the purpose of arranging for this conference to take definite form, and to meet annually at the time of the meeting of the American Nurses' Association.

Moved, seconded, and carried, that this committee ask for a section on the programme of the American Nurses' Association of 1913.

IDA F. GILES, Temporary Secretary.

#### REPORT OF SPECIAL CONFERENCE ON HEAD NURSES AND SURGICAL NURSES

Special conference on head nurses and surgical nurses was called to order on Friday morning, June 7, at 11.30 o'clock, Miss Beatrice Bowman, of Philadelphia, in the chair, who opened the meeting with a short address setting forth the purpose and the necessity of such conferences and showing the responsibilities of those filling these positions to their several hospitals and to the nursing profession.

There were no papers, but the general discussions were opened as follows: "The Head Nurse," by Harriet L. Huebner, superintendent Garfield Park Hospital, Chicago; "The Surgical Nurse," by Edith Weller, superintendent Northern Pacific Hospital, Tacoma, Washington; and "The Nurse Anæsthetist," by Florence Henderson, anæsthetist at St. Mary's Hospital, Rochester, Minnesota.

The Question Box contained questions which were discussed more or less at length.

The discussions were of such general interest and so helpful that it is earnestly recommended that a similar conference be arranged for at the next meeting of the American Nurses' Association.

Respectfully submitted,

EVA A. MACK, R.N., Secretary.

#### REPORT OF THE CONFERENCE OF THE AMERICAN ASSOCIATION FOR THE STUDY AND PREVENTION OF INFANT MORTALITY

The second annual meeting of the Association for the Study and Prevention of Infant Mortality was held in Chicago, November 16, 17, and 18, 1911. It was a notable gathering of physicians, nurses, and social workers, all enthusiastic and with one aim, the conservation of infant life.

The programme was arranged with the purpose of having the problems relating to infant mortality discussed in sectional meetings. Two general sessions were held for the discussion of the resolutions adopted by the sections. The two public meetings in the evening were for the purpose of arousing public interest.

The first meeting, and perhaps the most interesting one to us, was a session of the section on nursing and social work. In the absence of the chairman, Miss Nutting, Lillian D. Wald presided. Four papers on infant welfare or milk station work were read by Minnie H. Ahrens of Chicago, Harriet Leet of Cleveland, Miss Gallagher of Boston, and Mrs. Barton of New York.

The development from the milk station to the infant welfare station with a doctor and nurse in charge, where the object is the education of the mothers as well as the supervision of the babies, was presented in an interesting manner.

Miss Higgins, secretary of the Associated Charities of Boston, in her paper on "Co-operation in Nursing and Social Work," said that it was hard for the social worker to understand the medical side of a case, and the doctor and nurse fail very often to appreciate the social worker's point of view. Miss Higgins urged a closer co-operation between the workers if the best results are to be obtained. She recommended that the schools of philanthropy arrange lectures on medical and social questions, and that training schools for nurses include lectures by social workers in their curriculum.

Caroline C. Van Blarcom, secretary of the New York Association for the Blind, gave an interesting account of visiting obstetric nursing, as developed in England, and recommended the extension of the education of the nurse to include midwifery.

Among other interesting papers read at this meeting were: "The Relation of District Nursing to Infant Mortality," by Miss Hughes of England; "Rural Problems in the Prevention of Infant Mortality," by Ella P. Crandall of New York; "Maternity Hospitals," by Martha M. Russell of Sloan Maternity, New York, and Mrs. Reba T. Foster of Baltimore.

At the evening session, which was the opening meeting of the convention, Dr. Charles R. Henderson, the president, presided. In his address on "The Interest of Society in the Protection of the Mother and Child," he presented in a forcible manner the rights of the mother, the child, and society. Other speakers were Dr. Young, commissioner of health of Chicago, and Dr. Hastings Hart, of the Russell Sage Foundation, on the "Illegitimate Child."

In the section on eugenics, great interest was manifested. Among the interesting papers were, "The Hereditary Effects of Venereal Diseases," by Dr. Prince Morrow of New York; and "Hereditary Tuberculosis," by Professor Jorden of the University of Virginia.

The committee of the section on midwifery arranged a review of the history of midwifery, the present status, and the future possibilities of midwifery. The effects of unsanitary conditions, bad housing, and over-crowding were discussed in a section on housing.

The need of continuation schools of home making was the theme of the meeting on education.

At the session which considered the "City Milk Supply," Professor Ravenel of the University of Wisconsin, read a paper on "Tuberculosis in Children," in which he said at least 30 or 40 per cent. of the tuberculosis in city children has its origin in bovine sources of infection, and that milk is the agent by which it is distributed. This was followed by a paper on "Pasteurization," by Dr. W. A. Evans of Chicago.

At the closing session of the conference the following resolutions adopted by the section on nursing and social work were presented:

1. *Resolved*, That the education of mothers in the following subjects be made an integral part of the baby welfare consultations and other agencies: (a) prenatal care, (b) preparation of clothing, (c) hygiene of babyhood, (d) infant feeding.

2. *Resolved*, That methods be promoted for giving immediate relief to babies whose parents cannot pay for better grade milk.

3. *Resolved*, That the extension of Little Mothers' Leagues is urged.

4. *Resolved*, That the nursing profession extend its field of usefulness by including the practice of midwifery for normal cases. Further, that a minimum standard of training be required for all who are permitted to practise midwifery, and that all midwives be under state or municipal control.

5. *Resolved*, That all training schools for nurses be urged to add to their curricula courses by social and civic workers to awaken their pupils to a fuller understanding of the requirements of social service. That all nurses and other social workers be urged to establish closer relationships with each other to secure harmonious action in their efforts for community welfare.

6. *Resolved*, That attention be called to the dearth of care for the sick and the absence of all instruction in hygiene in rural districts; and the conference urges that the public be stimulated to concern itself in regard to this matter and suggests that the National Red Cross Society be asked to consider the proposal made to it some time ago to inaugurate visiting nursing in neglected communities.

7. *Resolved*, That through municipal and state control the permanency of improved milk supply and milk dispensaries be secured.

The section on midwifery presented the following resolutions:

1. *Resolved*, That the teaching of obstetrics in the medical schools of the United States is grossly inadequate. That no time should be lost in according to the teaching of obstetrics an importance equal at least to that given medicine and surgery.

2. *Resolved*, That the study of local midwifery conditions is urged as a means of collecting facts with which to direct public opinion in regard to this important subject.

3. *Resolved*, That the extension of out-door dispensary and hospital obstetric facilities is advocated as one of the most efficient measures for obviating this source of maternal sickness and death and a high rate of infant mortality.

After a long and interesting discussion both resolutions were referred to the Executive Committee for future consideration.

The keynote of the meeting was intelligent motherhood. If the problem of infant mortality is to be solved, the mother must be taught how to care for herself and her infant. That the work of the nurse as the teacher is recognized as the most important factor in the success of this great problem was manifested not only by having a section on nursing and social work, arranged by nurses, on the programme, but by the appreciation of the value of the nurse's work expressed by all the speakers.

MARIE T. PHELAN.

#### REPORT OF THE CONFERENCE OF THE AMERICAN ASSOCIATION FOR THE STUDY AND PREVENTION OF TUBERCULOSIS

The seventh annual meeting of the National Association for the Study and Prevention of Tuberculosis was held in Denver, June 20, 21, 1911. A large representation of physicians and interested workers with a fair sprinkling of nurses attended, and the lavish hospitality of the citizens of Denver and Colorado Springs gave the delegates an excellent opportunity to test the Colorado climate and summer resorts. A unanimous verdict would indicate that both climate and scenery made all the visitors desire to remain longer in this beautiful region.

Perhaps the most striking feature of all of the sessions of this convention was the earnestness and interest in all phases of the tuberculosis problem displayed alike by speakers and audience. Whether the aspect considered was social, economic, medical, or chemotherapeutic, lively discussions followed each paper, and to the worker growing weary of the task of trying to persuade the lay mind generally that tuberculosis is more than a question of "milk and eggs," it was decidedly stimulating to have the privilege of hearing Dr. Welch's (Baltimore) splendid address on "The Significance of the Great Frequency of Tuberculosis Infection in Early Life for Prevention of the Disease." In particular Dr. Welch urged a close co-ordination of all workers interested in this problem; that the sociologist bear patiently with the pathologist and clinician, and that the laboratory workers welcome the aid of those engaged in social reforms. The address made one feel that there was plenty of work in the solution of this problem for both layman and scientist, and neither could afford to work alone.

The meetings made one realize that the work is so vast and the workers so few, comparatively speaking, in all its ramifications that only by the closest sort of co-operation could the longed-for results be obtained.

An opportunity of attending another such meeting should be granted every one interested in tuberculosis prevention, for anything more inspiring and more strengthening than the addresses of Dr. Ford, Dr. Ravenel, Dr. Dearlutt and Mr. Homer Folks would be hard to find. The printed report of these papers has been published, with the many other excellent ones presented, and they are all well worth a careful perusal.

EDNA L. FOLEY.



## THE NATIONAL ORGANIZATION FOR PUBLIC HEALTH NURSING

For some time it has been felt by those interested in visiting and public health nursing that in its very rapid growth lay a potential danger.

Beside the nurses employed by associations formed for the sole purpose of doing such work, are many others employed by small clubs and societies, churches, day nurseries, settlements, business firms, city and state boards of health and education, etc. While the very genuine desire of those various bodies of people is the prevention of disease and the alleviation of suffering, there has been no uniform method of work pursued and no recognized standard for efficiency.

The wise and enlightened body of people, often with some difficulty, have done their best to become informed as to the methods commonly considered desirable, and have secured for themselves nurses fitted for the work. The less wise and enlightened have failed to take these precautions, and with the best intentions in the world have found themselves involved in difficulties.

In order that the situation might be properly understood, a joint committee was appointed, in January, 1912, by the American Nurses' Association and the Society of Superintendents of Training Schools, to consider the matter and report to the two societies at their meetings in Chicago in June.

This committee after due consideration felt that while on the whole the visiting and public health nursing work was being carried on in most places with the right spirit, and with adherence to the best traditions of nursing ethics, it was unsafe to longer leave so important a movement unorganized and unstandardized. One thousand and ninety-two letters were accordingly sent out to organizations doing visiting or public health nursing all over the country, asking that delegates be sent to Chicago in June to consider the question of forming a national organization.

In response, many letters expressing sympathy with the plan were received, and 69 delegates were sent. Many other public health nurses were present, and the meetings were most enthusiastic.

There was no dissenting voice as to the desirability of organization, and the tentative constitution presented by the committee was considered in detail.

On June 7 the National Organization for Public Health Nursing was formed, the name having been decided upon only after much discussion.

It was found that while in some parts of the country "visiting nurse" meant all forms of work in which home visiting was done, in others it was a restricted term not inclusive of such work as school, factory, or social service work.

The name National Organization for Public Health Nursing is meant to include every form of such work now known, and to be sufficiently broad to embrace as well newer developments as they may take place.

Much consideration was also given to two points—the basis of membership and the relation of the new organization to the American Nurses' Association.

I give the article of the constitution relating to the membership in full, and it will be seen that three classes of membership have been established.

## CORPORATE MEMBERSHIP

Any organization engaged in public health nursing, whether a private society, a church, a business enterprise, a city or state board or committee,

or any governmental body, shall be eligible for corporate membership provided that they conform to the minimum requirements for membership as established from time to time by this organization, and shall be entitled to one vote cast by a delegate in attendance who shall be a nurse and a member of the American Nurses' Association.

#### INDIVIDUAL MEMBERSHIP

Any nurse a member of the American Nurses' Association engaged in active public health work shall be eligible for individual membership, which shall entitle her to the full power of speech and discussion at the meetings, and to the receipt of any literature which may be disseminated. She shall also have the power to vote.

#### ASSOCIATE MEMBERSHIP

Any individual not a nurse, or any nurse not actively engaged in public health nursing, or any nurse not eligible for individual membership, shall be eligible for associate membership, which shall entitle them to the full privileges of speech and discussion at the meetings, and to the receipt of any literature which may be disseminated. They shall, however, have no vote.

**DUES.**—Corporate membership, \$10.00; individual membership, \$1.00; associate membership, \$3.00.

In regard to the second point of importance, membership was applied for and obtained in the American Nurses' Association with representation on the Executive Committee, these being the same terms as those granted to the Society of Superintendents of Training Schools, now the League for Nursing Education.

In this way it was felt the new organization became an integral part of the great representative body of nurses, thereby both receiving and giving strength.

After the final vote had been taken, and the National Organization for Public Health Nursing had been enthusiastically called into existence, the Cleveland Visiting Nurse Association gave to the new organization the beautiful seal which had been designed to represent the real spirit of our work. A young woman planting a tree and beneath the words from Proverbs, "When the desire cometh, it is a tree of life."

Membership is urged upon all those interested in public health nursing in any of its forms.

It is hoped to establish headquarters as soon as possible with a nurse of experience to act as salaried secretary, on whom all may call for advice and information.

The success and usefulness of the organization inevitably depend on the support given it now at its start. It is therefore hoped that the roll of members this first year may be as large as possible. Applications should be made to the secretary, Ella P. Crandall, Teachers' College, Columbia University, New York.

MARY S. GARDNER.